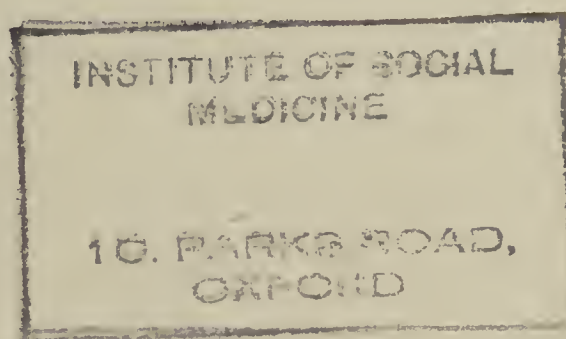


AC. 4457

40/a/6.
1573.

**COUNTY COUNCIL OF
NOTTINGHAMSHIRE**



ANNUAL REPORT

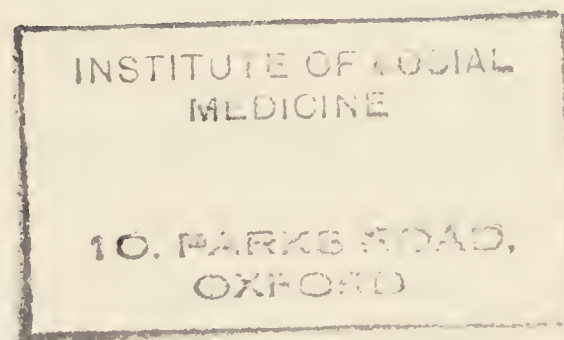
ON THE

**HEALTH AND HEALTH SERVICES
OF THE COUNTY.**

FOR THE YEAR 1949.

**CHRISTOPHER TIBBITS, C.B.E.,
M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.P.H. (Oxon.),
COUNTY MEDICAL OFFICER.**

COUNTY COUNCIL OF
NOTTINGHAMSHIRE



ANNUAL REPORT

ON THE

HEALTH AND HEALTH SERVICES
OF THE COUNTY.

FOR THE YEAR 1949.

CHRISTOPHER TIBBITS, *C.B.E.*,
M.R.C.S. (Eng.), *L.R.C.P. (Lond.)*, *D.P.H. (Oxon.)*,
COUNTY MEDICAL OFFICER.

CONTENTS.

MEMBERS OF COUNTY HEALTH COMMITTEE	5
STAFF	6
MEDICAL OFFICERS OF HEALTH OF COUNTY DISTRICTS	10
INTRODUCTION	11
STATISTICS AND NATURAL AND SOCIAL CONDITIONS OF THE AREA ..	25
VITAL STATISTICS.. .. .	26
Births	28
Deaths	29
Principal Causes of Death	29
Deaths of Infants under one year of age	29
INFECTIOUS DISEASES	31
Acute Poliomyelitis and Acute Polioencephalitis	31
SANITARY CIRCUMSTANCES OF THE AREA—	
Prevention of Pollution of Rivers and Streams—	
Industrial Pollution	33
Sewerage and Sewage Disposal	34
Work undertaken by County Health Inspector	36
Rural Housing	36
Public Cleansing	37
Water Supplies	38
INSPECTION AND SUPERVISION OF FOOD—	
Milk Supply	41
Food and Drugs Act, 1938	43
Inspection of Meat and other Foods	44
Food Poisoning Outbreaks	45
Clean Food Campaigns	46
NURSING HOMES	46
NATIONAL ASSISTANCE ACT, 1948, SECTION 47	46
CLINICS AND TREATMENT CENTRES	47
NATIONAL HEALTH SERVICE ACT, 1946	
HEALTH CENTRES (Section 21)	48
CARE OF MOTHERS AND YOUNG CHILDREN (Section 22)	49
Child-Welfare Centres	49
Ante-Natal and Post-Natal Clinics	50
Consultant Services	50
Maternity Hospital Treatment	50
Provision of Maternity Outfits	51

Loan of Elastic Bandages	..	..	..	..	..	51
Birth Control	..	..	..	..	..	51
Maternal Deaths	..	..	..	..	..	51
Premature Infants	..	..	..	..	..	51
The Pre-School Child	..	..	..	..	..	52
Chronic Tonsils and/or Adenoids	..	..	..	..	..	52
Orthopaedic Treatment	..	..	..	..	..	52
Child Life Protection	..	..	..	..	..	52
Adoption of Children	..	..	..	..	..	52
Boarded-out Children	..	..	..	..	..	53
Daily Guardians Scheme	..	..	..	..	..	53
Day Nurseries	..	..	..	..	..	53
Dental Care of Expectant and Nursing Mothers and of Children under School age	..	..	..	..	..	53
MIDWIFERY (Section 23)	..	..	..	..	..	55
Eye Discharge in the New-born	..	..	..	..	..	56
Puerperal Pyrexia	..	..	..	..	..	56
Agency arrangements	..	..	..	..	..	56
County Midwives	..	..	..	..	..	57
Transport	..	..	..	..	..	58
Gas and Air Analgesia	..	..	..	..	..	58
HEALTH VISITING (Section 24)	..	..	..	..	..	59
HOME NURSING (Section 25)	..	..	..	..	..	60
Statistics	..	..	..	..	..	63
VACCINATION AND IMMUNISATION (Section 26)—						
Diphtheria Immunisation	..	..	..	..	..	64
Vaccination against Smallpox	..	..	..	..	..	66
Inoculation against Whooping Cough	..	..	..	..	..	68
AMBULANCE SERVICE (Section 27)	..	..	..	..	..	68
Vehicles	..	..	..	..	..	69
Staff	..	..	..	..	..	69
Stations and Premises	..	..	..	..	..	70
PREVENTION OF ILLNESS, CARE AND AFTER CARE (Section 28)—						
Tuberculosis—						
Deaths	..	..	..	..	..	71
New Cases and Mortality	..	..	..	..	..	71
Incidence	..	..	..	..	..	71
B.C.G. Vaccination	..	..	..	..	..	72
Shelters	..	..	..	..	..	72
Home Visits	..	..	..	..	..	72
Co-operation with other Authorities	..	..	..	..	..	72
Nottingham and Notts. Association for the Prevention of Tuberculosis	..	..	..	..	..	72
Sherwood Village Settlement	..	..	..	..	..	74
Other Types of Illness—						
General Care and After Care	..	..	..	..	..	75
Chronic Sick and Senile Patients	..	..	..	..	..	75
Convalescence	..	..	..	..	..	76
Loan of Nursing Equipment and Appliances	..	..	..	..	..	76
Venereal Diseases—						
Treatment of County Cases	..	..	..	..	..	77
Source and Contact Tracing	..	..	..	..	..	77
Health Education	..	..	..	..	..	78
DOMESTIC HELP SERVICE (Section 29)	..	..	..	..	..	87

MENTAL HEALTH SERVICE (Sections 28 and 51) —

Administration	89
Staff	89
Co-ordination with Regional Hospital Boards	90
Voluntary Associations	91
Training of Mental Health Workers	91
Work undertaken in the Community—	
Prevention of Illness, Care and After-Care	92
Lunacy and Mental Treatment Acts	93
Mental Deficiency Acts	95
Ascertainment	96
Guardianship	97
Supervision	98
Occupation Centre	99
Home Teaching	100
Licence	100
Institution Care	101
Ambulance Services	102

CONCLUSION	102
--------------------	-----

STATISTICAL TABLES—

Vital Statistics	i., ii., iii., iv.
Causes of Death	v.
Sanitary Inspection of the Area	vi.
Housing	vii.

County Health Committee.†

Chairman :

ALDERMAN W. BAYLISS, C.B.E.

Vice-Chairman :

COUNCILLOR J. T. PEPPER.

Ex-officio : ALDERMAN W. BAYLISS, C.B.E.

ALDERMAN L. W. A. WHITE.

Aldermen :

COOPER, G. C.
FARR, S.
HARTLAND, H.
IZZETT, P. A.
KIRK, C. C.
MARSHALL, J. A.

PERCIVAL, J. A.
SCHOFIELD, A. W.
SEVERN, J. T.
STUART, MRS. F. G.
TAYLOR, MRS. C. A.

Councillors :

AINLEY, J.
ASHWORTH, R. W. B.
BEARDSLEY, MRS. M.
BETTERIDGE, MRS. A. E.
BOWDEN, MRS. D. M.
CARLTON, H. C. C.
CLARK, J. J. K.
CREWE, W.
CROCKER, H. J.
DODDS, L.
ELEY, J. W.
FOSTER, W. H.
HARRISON, C.
HAYES, F.

HILL, MRS. L.
IRELAND, W.
LIMB, MRS. A. M.
MARTIN, W.
MEAD, A.
MITCHELL, L. J.
PEPPER, J. T.
QUIBELL, MRS. K.
ROBERTS, J.
SHARRARD, MRS. B.
SMALL, F. A.
STRETTON, J. H.
TURNER, O.
WARNER, E. L.

Representative Members :

Borough Councils :

East Retford	. PEATFIELD, J. W.
Mansfield	. BOSWORTH, A. H.
Newark	. CLUTTERBUCK, C.
Worksop	. HARRIS, E.

Urban District Councils :

Four vacancies.

Rural District Councils :

BOOTHBY, MRS. F. K.	STEVENS, W. H.
MILLS, H.	WALTERS, J. T.

STAFF.

(Particulars of Staff as at 30th June, 1950).

County Medical Officer—

A. C. TIBBITS, *C.B.E.*, M.R.C.S., L.R.C.P., D.P.H.

Deputy County Medical Officer—

C. W. W. JEREMIAH, M.R.C.S., L.R.C.P., D.P.H.

First Assistant County Medical Officer—

A. R. C. MARGETTS, M.R.C.S., L.R.C.P., D.P.H., D.C.H.

Second Assistant County Medical Officer —

MRS. M. B. BLACK, M.B., Ch.B., D.P.H.

Chest Physicians (employed jointly with Regional Hospital Board) —

L. W. HEARN, M.B., B.S., D.P.H.

N. W. ROBERTS, M.D., Ch.B., D.P.H.

Medical Officer for Mental Health—

VACANCY.

Assistant Medical Officers for Maternity and Child Welfare—

MRS. D. CRITCHLEY, M.R.C.S., L.R.C.P.

MISS J. A. FORBES, M.B., Ch.B., D.R.C.O.G., D.P.H.

Fourteen Medical Practitioners also employed for Sessional duties on a Fee basis.

Assistant County Medical Officers—

MISS J. M. CUMMINS, B.A., M.B., B. Ch., B.A.O., L.M., D.P.H.

MISS E. DOUGLAS, M.B., Ch.B., D.P.H.

MISS J. KEAN, M.B., Ch.B., D.P.H.

MISS A. M. OGILVIE, M.A., M.B., Ch.B., D.P.H.

MRS. A. TOBERT, M.B., B.S., D.C.H.

MRS. M. C. WOOD, M.B., B.S., M.R.C.S., L.R.C.P. (employed half-time).

J. McNABB, M.B., Ch.B., D.P.H.

(Vacancies equal to two-and-a-half Medical Officers).

Assistant County Medical Officers and Medical Officers of Health of County Districts—

J. S. DRUMMOND, M.B., Ch.B., D.P.H. (Mansfield Borough).

G. G. BUCHANAN, M.B., Ch.B., D.P.H. (Newark Borough, Newark Rural and Southwell Rural Districts).

J. TOLLAND, L.R.C.S., L.R.C.P., L.R.F.P.S., D.P.H. (East Retford Borough and East Retford Rural Districts).

M. B. McCANN, L.R.C.S., L.R.C.P., D.P.H. (Worksop Borough and Worksop Rural Districts).

H. D. B. NORTH, M.Sc., M.B., Ch.B., D.P.H. (Arnold and Carlton Urban Districts).

E. BEBBINGTON, M.B., Ch.B., D.P.H. (Beeston and Stapleford Urban District).

W. R. PERRY, M.B., B.S., D.P.H. (Eastwood Urban and Basford Rural Districts).

L. F. McWILLIAMS, M.C., M.B., B.Ch., B.A.O., D.P.H. (Hucknall Urban District).

A. B. CLARK, M.B., Ch.B., B.S., D.P.H. (Kirkby-in-Ashfield Urban District).

B. N. EEDY, M.B., B.Ch., B.A.O., D.P.H. (Mansfield Woodhouse and Warsop Urban Districts).

T. S. McKEAN, M.B., Ch.B., D.P.H. (Sutton-in-Ashfield Urban District).

W. B. WATSON, L.R.C.S., L.R.C.P., L.R.F.P.S., L.D.S., D.P.H. (West Bridgford Urban and Bingham Rural Districts).

Assistant County Medical Officer and Deputy Medical Officer of Health of the Borough of Mansfield—

MISS I. CALEY, M.A., M.B., B.Ch., D.P.H.

Child Psychiatrist (provided by the Regional Hospital Board and services utilised jointly with Nottingham City Council)—

W. H. WHILES, M.R.C.S., L.R.C.P., D.P.M.

Senior Dental Officer—

D. E. MASON, L.D.S.

School Dental Officers—

MISS A. KAVANAGH, L.D.S.

D. F. G. CAME, L.D.S.

R. R. MACLEAN, L.D.S.

J. M. MITCHELL, L.D.S.

G. R. SMITH, L.D.S.

(18 vacancies).

Sherwood Village Settlement—

Medical Superintendent—

E. FIRTH, M.B., Ch.B. (part-time)

(also employed by Regional Hospital Board as Medical Superintendent, Ransom Sanatorium).

Lay Administrative Assistant—

W. L. RICHARDSON.

Chief Clerk—

J. RENSHAW.

Deputy Chief Clerk—

(Vacancy).

County Rivers Inspector—

F. WRIGLEY.

County Health Inspectors—

G. H. EARNSHAW.

(One vacancy).

Assistant Health Education Officer—

A. H. MARROW.

Second Assistant Health Education Officer—
N. S. WASS.

Senior County Almoner—
MISS B. B. STEWART.

Assistant County Almoners—
MISS S. M. CUTTS. (one vacancy).

Superintendent Health Visitors—
MISS E. R. BENNETT. MISS A. COLLISHAW.
MISS E. BOWLER.

Other Nursing Staff—
Sixty-four Health Visitors—(14 vacancies).
Two Tuberculosis Visitors—
Duties wholly connected with Tuberculosis.
Eight School Nurses—(3 vacancies).
Two Dental Nurses.
Four Dental Attendants—(18 vacancies).

Midwifery—

Senior Assistant Non-Medical Supervisor of Midwives—
MISS M. K. COLLINS.

*Junior Assistant Non-Medical Supervisor of Midwives and
Health Visitor—*
MISS R. E. HERMES.

Sixty-six County Midwives (five vacancies).

Mental Health Service—

Mental Health Officer—
W. A. FROST.

Female Superintendent Mental Health Worker—
MRS. E. L. ANDREWS.

Mental Health Workers—
Eleven Males (employed jointly as Mental Health Workers and
District Welfare Officers).
Three Females (vacant).

Instructress, Mansfield Occupation Centre—
MISS R. BARFOOT.

Home Teachers for Mentally defective persons—
MRS. H. MORRELL.
MRS. N. M. STOKES.

*Day Nurseries—**Matrons—*

Carlton—MISS E. M. PIMLOTT.
 Eastwood—(Vacancy).
 Harworth—MISS E. WRAY.
 West Bridgford—MISS F. M. SCOTT.
 Beeston—MRS. E. W. GERRING.
 Stapleford—MRS. S. FLETCHER.
 Mansfield (Bull Farm)—MRS. G. NEPORA.
 Mansfield (Ravensdale)—MRS. C. E. PARGETER.
 Newark—(Vacancy).

*Home Help Service—**Organiser—*

MISS M. W. COTTEE.

Deputy Organiser—

MRS. K. KEAYS.

Sub-Organisers—

Seven—(2 vacancies).

Case-Workers—

Five—(5 vacancies).

County Ambulance Officer—

F. E. JOLLEY.

Milk Sampling—

Three Milk Samplers (one vacancy).

*Speech Therapy—**Chief Speech Therapist—*

MISS M. DOLMAN.

Speech Therapists—

MISS M. SATCHELL.

MISS N. COGGON.

MISS R. B. ADAMS.

(one vacancy).

*Child Guidance—**Educational Psychologists—*

One whole-time.

One part-time.

Psychiatric Social Workers—

Two whole-time (one vacancy).

Play Therapist—

One part-time.

Audiometrician—

MISS M. TORRANCE.

NAMES AND ADDRESSES OF THE MEDICAL OFFICERS OF HEALTH OF THE TWENTY COUNTY DISTRICTS.

AS AT THE 30TH JUNE, 1950.

BOROUGHES AND URBAN DISTRICTS.

DISTRICT.	NAME OF THE MEDICAL OFFICER OF HEALTH.		ADDRESS.
MANSFIELD (Borough)	..	J. S. Drummond, M.B., Ch.B., D.P.H.	Public Health Department, Gilcroft Street, Mansfield.
WORKSOP (Borough)	..	M. B. McCann, L.R.C.S., L.R.C.P., D.P.H.,	Park House, Park Street, Worksop.
NEWARK (Borough)		G. G. Buchanan, M.B., Ch. B., D.P.H.	Public Health Department, The Friary, Appleton Gate, Newark.
EAST RETFORD (Borough)	..	J. Tolland, L.R.C.S. & P., L.R.F.P.S., D.P.H.	Municipal Offices, The Square, Retford.
ARNOLD	H. D. B. North, M.Sc., M.B., Ch.B., D.P.H.	Council Offices, Arnot Hill House, Daybrook, Arnold.
BEESTON AND STAPLEFORD	..	E. Bebbington, M.B., Ch.B. D.P.H.	The Willows, Dovecote Lane, Beeston.
CARLTON	H. D. B. North, M.Sc., M.B., Ch.B., D.P.H.	Public Health Department, Council House, Burton Rd., Carlton.
EASTWOOD	W. R. Perry, M.B., B.S., D.P.H.	Public Offices, Church Street, Eastwood.
HUCKNALL	L. F. McWilliams, M.C., M.B., B.Ch., B.A.O., D.P.H.	Council Offices, Hucknall.
KIRKBY-IN-ASHFIELD		A. B. Clark, M.B., Ch.B., B.S., D.P.H.	Council Offices, Urban Road, East Kirkby.
MANSFIELD WOODHOUSE	..	B. N. Eedy, M.B., B.Ch., B.A.O., D.P.H.	Public Health Department, Manor House, Mansfield Woodhouse.
SUTTON-IN-ASHFIELD		T. S. McKean, M.B., Ch.B., D.P.H.	Public Health Department, Forest Street, Sutton-in-Ashfield.
WARSOP	B. N. Eedy, M.B., B.Ch., B.A.O., D.P.H.	Health Department, Town Hall, Warsop.
WEST BRIDGFORD	..	W. B. Watson, L.R.C.S., L.R.C.P., L.R.F.P.S., L.D.S., D.P.H.	Health Department, The Hall, Bridgford Road, West Bridgford.

RURAL DISTRICTS.

BASFORD ..	..	W. R. Perry, M.B., B.S., D.P.H.	Health Department, Rock House, Stockhill Lane, BASFORD, Nottingham.
BINGHAM ..	..	W. B. Watson, L.R.C.S., L.R.C.P., L.R.F.P.S., L.D.S., D.P.H.	Council Offices, Bingham.
WORKSOP ..	..	M. B. McCann, L.R.C.S., L.R.C.P., D.P.H.	Council Offices, Highfield House, Carlton Road, Worksop.
EAST RETFORD	..	J. Tolland, L.R.C.S. & P., L.R.F.P.S., D.P.H.	Municipal Offices, The Square, Retford.
NEWARK ..	..	G. G. Buchanan, M.B., Ch.B., D.P.H.	Public Health Department, The Friary, Appleton Gate, Newark.
SOUTHWELL ..	..	G. G. Buchanan, M.B., Ch.B., D.P.H.	Public Health Department, The Friary, Appleton Gate, Newark.

NOTTINGHAMSHIRE COUNTY COUNCIL.

PUBLIC HEALTH DEPARTMENT,
COUNTY HALL,
TRENT BRIDGE,
NOTTINGHAM.

NOVEMBER, 1950.

TO THE CHAIRMAN AND MEMBERS OF THE
NOTTINGHAMSHIRE COUNTY COUNCIL.

LADIES AND GENTLEMEN,

I submit my Twenty-second Annual Report on the Health and Health Services of Nottinghamshire. The Report deals with the year 1949.

Once again the population of the County shows a material increase, by 4,860, to a new high figure of 523,160.

The health of this large population, as judged by statistical evidence, has been generally satisfactory, though the statistical evidence which is available does not, of course, tell the whole story.

It is possible to escape major disease and epidemics ; to attain low mortality figures, special and general ; and yet to fail to attain a general standard of well-being and full mental and bodily health.

I have previously expressed the view that our people were not fully recovered from the strain and stress of the war period, and I think there is evidence that this is still true. This is hardly surprising, for all are still mazed by uncertainties and problems, personal, national and international.

Perhaps we live too personally, expect too much and are prepared to give too little. Perhaps we live concentrically. If so we have a degree of remedy in our own hands.

However that may be, it is a fact that the major health statistics for the County, the statistics which may properly be said to result from national and local health provisions, were satisfactory for 1949.

The general death rate was 10.6, compared with 9.6 per thousand of population in 1948, and the figure for England and Wales shows a similar small increase (11.7 from 10.8).

This increase was not due to any major epidemic, but was mainly attributable to diseases of the heart and circulation.

There was again a seasonal outbreak of Poliomyelitis. Ninety-five cases were notified and the outbreak was rather prolonged and waned slowly.

The infantile mortality rate raced down from 42 to 32, the same as the national rate; and maternal mortality fell from 0.82 to 0.54, the figure for England and Wales being 0.98.

There were 296 deaths of infants under twelve months of age, and of these 174 were due to congenital debility or deformity, birth injury, or premature birth.

The Tuberculosis death rate remained stationary and was slightly lower than the rate for England and Wales.

The illegitimacy rate continued to fall from the peak figures of 1945.

In 1949 there were 49 illegitimate births per thousand live births, compared with 76 in 1945.

The pre-war figure was 33.

As judged by the notification figures the incidence of Pulmonary Tuberculosis has remained fairly steady over the past eight years at an average of 0.81 new cases per thousand of population.

In the early days of the war there was increased incidence, and again in the years 1947 and 1948.

In 1948, 440 new cases were recorded, and in 1949 the figure fell to 387 on an increased population.

Under present conditions I should expect some increased incidence of Pulmonary Tuberculosis, and I suspect that such may prove to be the case.

The Health Services.

There has been a progressive development of the Health Services during the year.

The Council have confirmed their policy of centralised administration with the result that there are no Divisional Areas or Committees dealing with Health Services.

In a County of so condensed a population and of such compact area this procedure has proved workable and advantageous as regards the type of services involved. "County Districts" are represented on the Council and on Committees by their local County Councillors, and, in addition, are represented on the appropriate Committees by nominated members of County District Councils.

Co-ordination of the services concerned on a whole-County basis has, as a result, been readily practicable, and much progress has already been made.

At the officer level arrangements have been made to retain the valuable help and interest of County District Medical Officers of Health, all of whom are also Assistant County Medical Officers.

My grateful thanks are due to them.

Specific reference is made below to a few of the Services in which points of special interest have arisen.

County Ambulance Service.

The scope of service rendered remains very greatly higher than that available before the appointed day, but the organisation and provision made in the Council's "Proposals" have proved adequate in all respects.

During the year, 66,468 calls, involving 80,922 patients and 877,765 miles, were dealt with.

Fifteen new ambulances and three new cars were delivered.

Since the appointed day no less than twenty-one new ambulances and ten new cars have been put into service.

The Service has run smoothly, with few complaints and no major accident.

Many letters of appreciation have been and continue to be received paying tribute to the skill and courtesy of the staff.

During the year revised arrangements were made with other Ambulance Authorities for dealing with "continuing need" cases, and every effort was made to secure, by close inter-Service collaboration, the avoidance of duplicated and "empty" journeys.

I am confident that there is a certain amount (though not large) of abuse of the Service, and I would again appeal to my colleagues in the profession, especially those in hospitals, to exercise all possible care in certifying need for transport through the Ambulance Service.

I believe the Council now have a smart, efficient and reliable Ambulance Service, and I would pay tribute to the staff concerned.

The anxious days of maintaining a growing Service with numbers of aged or infirm vehicles are over.

Most of these vehicles have now been pensioned-off after incredible numbers of years of faithful service to the public. A number of others failed to reach retiring age and just died of broken parts, but even they yielded "spares" for other sister vehicles.

Home Nursing.

This Service, administered by the Nottinghamshire Nursing Federation as an agent of the County Council and at the Council's cost, has maintained a whole-County Service on an expanding basis.

Two important instances of co-operation deserve special mention.

The first is the generous decision of the County Council to bring, at very heavy, non-grant earning cost, the District Nurses within their Superannuation Scheme on the basis of including their past service with their present employers, and the response of the Federation and the Associations to this gesture by the handing-over of some of their surplus funds to the County Council as a contribution to this heavy cost.

The second is the manner in which many District Councils have aided the County Council in the housing of District Nurses by the allocation of houses or flats for their use.

Both these measures of co-operation are very gratefully appreciated.

Health Visiting.

This vital Service, now the responsibility of the County Council for the whole County, is only being maintained with difficulty owing to the general shortage of trained Health Visitors.

The Council's foresight in organising, jointly with the University of Nottingham and the City Council, a training course for Pupil Health Visitors three years ago, alone has enabled the Service to be maintained.

More Health Visitors are urgently needed to give proper cover to

the County Area and to replace untrained personnel taken over on the appointed day.

This work, perhaps the most important in its close relation to individuals and to the family unit, is carried on quietly and unobtrusively week in week out, with little recognition and no publicity.

Yet it is to our Health Visitors that much (perhaps most) of the credit should go for the improved conditions of health of mothers and children (and indirectly of fathers too) by reason of constant friendly and skilled advice *in the home*.

Their task is creative and preventive. They must be tactful and well-informed. They do not await the urgent call in distress, but must be alert to guide and advise constructively all the time and without call. Admirably as they are supported by the Centre and Clinic Doctors they mainly play a lone hand and they mainly play it well.

I should like to see a welding of their work with that of the family doctor, and I have little doubt that this will be possible and acceptable in due course.

But first we must have more Health Visitors and more family doctors so that the unavoidable present emphasis on treatment may be replaced by a systematic scheme of supervision of health.

A great contribution to the development and guidance of the Health Visiting Service was made by Superintendent Health Visitor Mrs. M. E. Sleight, who retired on Superannuation on the 31st May, 1949, after twenty years' service as Superintendent for half the area of the County.

She literally lived for her work and taxed herself to the utmost. Well-informed, an inspiring leader and loyal colleague, she earned and deserved the respect and gratitude of her Health Visitors and the people she served so long.

Home Help Service.

On the appointed day there was a majority of County Districts without any Home Help Service. We all had experienced insuperable difficulty in obtaining recruits to this Service by endeavours made through our existing organisation. However, a few months before the appointed day the Council appointed a whole-time Home Help Organiser on my staff and approved a Scheme, incorporated in their Proposals, for a gradual expansion of a Home Help administration by the establishment of a series of Sub-Organisers (with offices and staff) covering the whole County and responsible to me through the County Home Help Organiser.

This organisation expanded rapidly and with efficiency; recruits were obtained and soon the public were receiving a service sufficient for the most urgent needs.

As I write the Service has been expanded to cover the whole County and the several Sub-Area Offices are in operation.

There is still room for great expansion and many further recruits of good quality are required.

I pick out this Service for special comment as an example of the effectiveness of specialised administrative machinery, applied in the face of past failure.

In this County, with its many facilities for female employment, it seemed rather a forlorn hope that any endeavours to recruit Home Helps would succeed.

However, the provision of a staff with that sole objective, with time to develop the necessary local relationships and to become convinced of the urgent need, "did the trick."

There is now a corps of enthusiastic workers and an "esprit" which augurs well for the future.

Sherwood Village Settlement.

In their Proposals under this heading the Council included provision for their Sherwood Village Settlement to become available for service to the whole Sheffield Region by the establishment, if desired by the other Local Health Authorities in the Region, of a Joint Board under the National Health Service Act.

I am pleased to report that during the year 1949 good progress was made in negotiations with the other Local Health Authorities.

Fifteen out of the seventeen Local Health Authorities expressed approval of the principle of a Joint Board and concurred in the establishment of a Drafting Committee to recommend detailed procedure.

The Drafting Committee was constituted and proceeded to prepare a draft in detail.

This was completed in due course and is now awaiting examination.

Prevention of Rivers Pollution.

I would particularly call attention to the section of this Report dealing with this subject. Before my next Report is issued this work will have passed out of the hands of the Council to those of the new Rivers Board.

Since the appointment in 1927 of a whole-time Rivers Inspector there have been enormous industrial and residential developments in the County.

The potential sources of grave pollution of the County's rivers and streams have therefore multiplied exceedingly ; collieries, factories and sewage disposal works.

I am confident that the work done by the Rivers Inspector in collaboration with all the parties concerned has prevented serious pollution.

There is one black spot, the Erewash, where there are factors of exceptional difficulty.

Elsewhere the evidence is there in the still sparkling beauty of many streams with names "like softest music to attending ears"—the Maun, the Poulter, the Meden, the Idle, the Dover Beck, the Greet, the Vicar Water, the Rainworth Water, the Smite, and many more of lesser fame.

The Trent itself has been greatly safeguarded and is now the sport of multitudes of lesser Izaak Waltons.

Occasional accidental pollutions which I have seen have grossly fouled bottoms and banks with the slime of black silt inches deep ; bottoms and banks normally sandy, pebbly, clean.

Nothing but constant watchfulness has prevented a permanent and damaging pollution of our streams.

Throughout the period from 1927 to date the same Rivers Inspector, Mr. Frank Wrigley, has been responsible.

Throughout this period it has never been necessary to consider remedy by legal process, for by his tact and persuasion, backed by evident knowledge modestly revealed, he has invariably succeeded in securing appropriate preventive measures.

Often such measures have involved the provision of very expensive plant, and the total of such expenditure during his period of office must amount to many thousands of pounds.

This sufficiently testifies to the co-operation which has been proffered by Industry and by Local Authorities in the task of safeguarding our rivers and streams.

I acknowledge most gratefully this very great contribution by industrial managements, by Local Authorities, and by their officers ; for I believe that the maintenance of the cleanliness of our natural waters is of real significance to the public health.

Beyond doubt Mr. Wrigley has accomplished a great work for the health and amenity of the County, and he has, as a reward, visual evidence (as so few of us have) for all men to see in the clean-flowing streams of Nottinghamshire, which he has tended so carefully and which he knows so familiarly to their smallest tributaries.

He has, I believe, the gratitude of a host of co-workers, and he deserves, I know, the gratitude of his County.

Health Education.

This Service continues to expand to meet an ever-growing public demand, and it has been necessary to appoint a whole-time Assistant to help Mr. Marrow to cover the ground.

A full record of the work appears in the body of the Report.

* * * * *

The other principal Services—"Care of Mothers and Young Children," "Mental Health," "Environmental Health," "Prevention, Care and After-Care," and "Midwifery"—are described very fully in the Report, and I need only say that each of these shows a good record of progress and usefulness.

They are, of course, of at least equal importance to those which I have thought it desirable to select for particular mention in this introductory chapter on this occasion.

National Health Service.

In my last Report I expressed the view that it was then too early to comment fairly on the working of the National Health Service Act as seen from the County Health Department; though I referred to the disastrous effect on our children of the collapse of the Dental Service and indicated the possibility of other unsatisfactory trends.

Experience of a full eighteen months since the appointed day justifies some attempt at evaluation, at least of any tendencies which may appear to be harmful.

Obviously the upheaval caused by the Act in fundamental changes in administrative responsibilities, channels and procedure must involve a very long period of planning and settling down.

Regional Hospital Boards in particular have an enormous task, and there are criticisms which it would be easy, though I think unfair, to make at the present stage in an official Report of this nature.

I propose, therefore, to refer only to matters which directly arise in the working of my Department, which remains to a surprisingly large degree a clearing-house for the public's problems, difficulties and complaints.

- (1) For reasons which are fairly obvious, the degree of accessibility of *non-urgent* Hospital Services has diminished. Admission of non-acute hospital cases is delayed, but here, by a strange anomaly duly enacted, admission by favour of purse is still permissible within the scope of the National Service.

- (2) Availability of Hospital Services of a special character has in like manner diminished.

Beds are lacking for cases of Pulmonary Tuberculosis and waiting periods appear to be increasing.

Difficulty frequently arises in finding accommodation quickly for the aged sick or infirm.

Accommodation for Mental Defectives has, as far as my Department's experience reveals, remained seriously deficient, and I know of very large numbers of urgent cases which are having to be retained at home in circumstances which constitute an almost unbearable burden on the life of the family. Even for urgent "place of safety" cases accommodation cannot be found easily, and rarely forthwith, as in the days of local hospital and institutional administration.

- (3) From a strictly departmental point of view there are now deficiencies which did not arise before the appointed day when my Department either had some direct control of Hospital Services or called the tune by paying the piper.

Up to the appointed day my Department knew of practically all cases of children of school age and many of pre-school age requiring and obtaining hospital admission, and invariably received formal reports on discharge of each case with any necessary recommendations as to follow-up treatment and after-care.

Despite prolonged representations it has been impossible to secure such reports generally since the appointed day, either for children or for adults.

These matters affect the efficiency of the School Health and Child Care Services, and indeed now that Health Visiting and After-Care Services extend to the whole family their effect is even wider.

- (4) The effect of the changes of control and of administration on the professional staffing of Health Departments deserves very full recognition.

The removal of certain vital Health Services from the control of County District Authorities and the vesting of them in County Councils have lessened the status and responsibility of hundreds of Medical Officers of Health.

Delegation, District or Divisional administration, or District administration at the officer level only—palliatives recommended by the Ministry—do not contribute much to reduce this "de-motion."

Services of the closest inter-relationship have been dispersed even more than they were before.

Despite all efforts towards close co-operation between bodies and officers—and I have most deliberately sought to establish

such co-operation—there are irrefragable factors which prevent dual or triple control and interest from attaining anything like a unity.

The effect has already been startling.

The issue of an advertisement for an Assistant County Medical Officer a few years ago resulted in applications in large numbers from good-quality candidates holding a Public Health specialist qualification.

To-day such an advertisement brings perhaps one or two mediocre applications.

The numbers of enquirers for courses for the D.P.H. have drastically diminished, so that at least one famous University has not found it necessary to provide a course.

Public Health Service recruitment is in low water indeed, and this is a sad anti-climax for a Service historic in its record of human betterment.

The Medical Officer of Health has been the principal builder of the fabric of National Health. He can claim to have contributed much also to the architecture, for from his ranks have frequently come the national figures whose great responsibility it has been to advise Ministers and Governments.

He has become the principal medical administrator of his area, and his branch of the profession is the prime training ground and source of medical administrators.

He is a specialist in breadth as compared with the present trend of single-track specialism.

If sound recruitment fails, as it is failing, what is to be the line of succession ?

- (5) A further factor damaging to the Service is the tendency to de-professionalise the assistant grades in the special branches of School Health and Child Care. They must not prescribe, they must not treat or refer for consultant opinion without prior reference to the family doctor, having handled Child Health and Maternal Health problems perhaps for twenty years and acquired unique specialised experience.

Already they invariably hold specialist qualifications—D.P.H., D.C.H.—or have had specialised hospital experience, but they are only held fit to be professionally in chains.

- (6) The Tuberculosis Service is yet another instance of disintegration.

The reduction in the incidence of Tuberculosis over the past thirty years (apart from temporary recrudescences in the two wars) may fairly be credited to the Tuberculosis Dispensary system.

The Dispensary, under the Tuberculosis Officer, was the focal point of ascertainment, disposal, education and *prevention*.

The functions had an essential unity.

The system succeeded and secured the full support of the family practitioner.

Under the Act the Dispensary was classed as an out-patient department (to which, of course, knowledgeable opinion knows it has little resemblance) and therefore had to "go over" to Regional Hospital Boards.

Because a Dispensary was considered to have a modicum of preventive function it was agreed that the Tuberculosis Officer (Chest Physician) should give a modicum of time to the Authority responsible for prevention.

This was a severe enough dichotomy, but at least it left the prospect of continuity in that the same officers (the ex-Tuberculosis Officers) would continue to serve as colleagues of the Medical Officer of Health in the same area.

This lent colour to ideas that prevention could still be co-ordinated and active.

However, before long it was considered that as Dispensary Chest Physicians might be "out of touch" with the clinical treatment of Tuberculosis they should be attached to Sanatoria. This in turn led to the necessity for all Dispensary Chest Physicians and all Sanatorium Chest Physicians, who were willing, to be pooled with the result that some Dispensaries became staffed by a variety of medical personnel some of whom had no part-appointment with the County Local Health Authority and no experience of the County preventive systems or perhaps of any such system.

As County Medical Officer of Health I have no jurisdiction over this conglomerate, but still have a fractional one over two of its parts (my previous Tuberculosis Officers).

The prevention of Tuberculosis cannot be separated from its ascertainment and treatment—unity of purpose and control is essential and the well-tried Dispensary Service working as a team with other parts of the Public Health Service should not be disrupted until some proved better procedure has been evolved.

To complete the disunion the Mass Radiography Service (surely preventive !) was also allocated to the Regional Hospital Board, as also, of course, were all Sanatorium and Hospital beds for Tuberculosis cases.

At the Committee level I am happy to know that, following upon consultations in which I was privileged to participate, the Dispensaries in the County are now all, save two, under the supervision of a single Hospital Management Committee. The other two remain unlinked and aloof.

There is no single responsibility or direction.

- (7) Finally, some comment on the General Medical Services is necessary to complete my review.

The "family doctor" is constantly referred to as the keystone of the National Health Service.

He knows his families, their personal histories, peculiarities, needs, as no-one else knows them. He is the chosen counsellor and knows all about the skeletons in the cupboards. He must therefore be kept informed of the details of impingement of any other Medical Service on any one of the individuals on his list. No extraneous medical action should be taken without his express consent. His records must be kept complete by the addition to them of all notes or reports of service rendered or incident ascertained by or through any such extraneous service. (Incidentally I have never seen it stated that these ideal principles or rules apply to that very important feature of treatment and prevention which is provided by his dental colleagues.) All this is ideal and supportable on sound logical grounds IF in fact General Practitioners are numerous enough to be in a position to "father" all the individuals on their lists and to maintain records in the manner suggested, and IF the general practitioner is in fact schooled in the preventive idea and in the specialisms of infant and child care.

The Medical Officer of Health, the School Nurse, the Health Visitor, the Almoner, the Mental Health Worker, the Children's Visitor, should all be his team-mates in the great search for positive health. His principal function should in a National *Health* Service be the maintenance of Health, and this should surely involve a *routine overhaul* (with aid from special channels such as Mass Radiography) at least *annually* throughout life. What in fact have we got?

It is common knowledge that the General Practitioner has become grossly overburdened with the influx of petty malady. His "surgeries" are so heavy (with seasonal fluctuations) and the demands for prescriptions and certificates so insistent that he is overworked and cannot possibly attain the ideals stated. He normally sees only those individuals who attend upon, or send for his services.

If the Public Health Services in fact referred to, or consulted him in, the thousands of problems affecting the scores of thousands of individuals which they, at the public request, handle, he would founder in the morass of correspondence, telephone calls and personal visits by officers which would pour upon him.

The public have got a General Treatment Service at no direct cost. No man, woman or child need lack such service through fear of the cost. Doubtless this has removed many fears, hardships and sacrifices, but it has not yet provided a Health Service.

The plain truth is there are not nearly enough Doctors and it is doubtful if the present corps of General Practitioners can now give as efficient a Service to those really needing it as they could before the appointed day.

Certainly they cannot assume a positive preventive or supervisory function over all the individuals on their lists, both well and "patients"; nor can they manage without the very great relief which comes to them from the work done for vast numbers of infants, children and mothers at the Public Health Clinics and Centres.

Why are there over forty thousand attendances for medical consultation at our County Child Welfare Centres per annum? Why over fifty thousand at School Clinics?

Why do so many parents specifically ask at our Centres and Clinics, not for treatment for minor ailments, but for a *medical overhaul*?

Clearly we must pool our resources and work together without futile insistence on our "rights," without undue possessiveness, without suggestions of poaching and interference, and without silly expressions of opinion by representative bodies in solemn conclave calling for one-sided reference or consultation.

My conclusion is that the General Medical Service is not functioning and cannot for many years function as should have been envisaged under a National *Health* Service, and I do not believe that anyone knowing the size of our population and of our corps of General Medical Practitioners ever thought it could.

The idea of the possessive family practitioner is perhaps obsolete and should be replaced by the idea of team service.

- (8) My general conclusion is that there are fundamental defects in the structure of the National Health Service Act, and that, apart from structure, it was passed into law many years before there were the facilities or personnel available to ensure its practicability.

One fundamental defect was the failure to weld the then existing split responsibilities (in all areas except County Boroughs) for the administration and provision of Preventive Health Services.

The relative inefficiency of the smallest Local Authorities was recognised, as was the undesirability of Child Health Services being so often divided between two or more Authorities. Concentration by transfer to County Councils (some too small and some already very much too large) was but a makeshift remedy. The right course, in my opinion, was to proceed boldly to establish medium-sized, all-purpose Authorities for Health Services so as to ensure direct responsibility and control (without

delegation to Sub-Authorities) by a single comprehensive Authority in an area of such size and population as would enable the maintenance of a reasonable accessibility between the Authority and the people served and between the people and the services provided.

This would certainly have been no easy task either from the planning angle or from the point of view of securing local acceptance, and it is, of course, no new problem, having been attacked and shelved time and again.

The course timidly adopted in the National Health Service Act is now revealing its weakness and its threat to the whole structure of the Preventive Health Service.

Another basic defect was the decision to plan Regional Hospital Areas in relation to "Medical Schools."

This automatically determined areas of unwieldy size and more or less dictated their geographic limits.

Deliberate planning of areas for best results was barred.

There is a theoretical significance in the idea of a "Medical School hub," but the planning of a great Service of this sort should not be unduly influenced by abstract theories.

All the benefits of research, advancement and experience accruing to "Medical Schools" could and would in any event have been available to Regional Hospital Boards and their staffs throughout the country.

The essential factor was the establishment of areas suitable for reasonably intimate administration and including within them such hospital and specialist services as would be, or could be made, sufficient for the needs of the population of the areas, excluding only such highly specialised services as should more properly be provided on a still wider area basis by joint action between neighbouring Regional Hospital Boards.

It is true that we were consulted as to the suitability of our local Regional Area for administration from a Headquarters at Sheffield and as to the desirability of having a Sub-Regional organisation further south, and that we expressed the view that one Headquarters should suffice.

In advising upon this matter I certainly had no idea that the administration would take the lines which have in fact been evolved, but envisaged the Regional Hospital Board as being the dominant Authority and setting up a strong Headquarters with detached administrative units to maintain supervision and co-ordination.

The relative autonomy of Hospital Management Committees could hardly be foreseen in the terms of the Act.

As the basis of the area of the "Region" is now unalterable except by a varying Order I consider that the grave factor of unwieldiness and lack of central direction could now be mitigated by administrative action.

A further defect already referred to was the transfer of Tuberculosis Dispensaries and Mass Radiography to Regional Hospital Boards.

It would seem wise to consider action to reverse this unfortunate decision as soon as possible.

I must terminate this review with the comment that as an elder member of the Public Health Service, nearing the end of my term and with no axe to grind, my criticisms are made in the light of my experience, in the sincere desire to see established the best possible Health Service, in the fullest constructive sense.

My relations with the administrations of each branch of the National Health Service have been happy and cordial, and indeed many measures of co-operation have been jointly evolved which have smoothed out minor difficulties.

Some major issues remain unsolved.

STATISTICS AND NATURAL AND SOCIAL CONDITIONS OF THE AREA.

Area (in acres) land and inland water	.. .. .	523,843
Population (Census 1921)—(actual 378,525)	.. .. .	*377,346
Population (Census 1931)—(actual 443,930)	.. .. .	*436,542
Number of Inhabited Houses (Census 1931)—(actual 108,758)		*106,634
Number of Families or separate Occupiers (Census 1931)— (actual 111,804)	.. .. .	*109,674
Average number of persons per house (Census 1931) (actual 4.1)	.. .. .	*4.1
Population (estimated to the middle of the year)	.. .. .	523,160
Estimated increase during the year	.. .. .	4,860
Rateable Value (1st April, 1948)	.. .. .	£2,771,324
Estimated product of a penny rate (1947-48)	.. .. .	£10,830

* These figures relate to the area of the County as constituted at the 30th September, 1935, and exclude the population enumerated in the areas transferred to the City of Nottingham under the Nottingham Corporation Act, 1932, which came into effect on 1st April, 1932.

VITAL STATISTICS.

The Vital Statistics for the year 1949, together with those for the previous year for comparison, are shown in tabular form below.

The population of the County at mid-year 1949 (excluding non-civilians) as estimated by the Registrar-General was 523,160, an increase of 4,860 over the previous year. This is the highest population figure yet recorded.

The number of deaths during the year from all causes in the increased population was 5,536—533 more than in 1948. The rate was 10.6 per thousand of the population as compared with 9.65 in 1948 which was the lowest ever recorded for the County. The rate for the Country as a whole was 11.7 as compared with 10.8 for the previous year.

The number of live births in the County was 9,098, a decrease of 388 compared with the figure of 9,486 registered live births in 1948.

The birth rate for the County was 17.4, being the lowest since 1941 in which year the rate was 16.1 per thousand of the population. The reduced rate was still, however, higher than that for the whole Country which was 16.7.

The Infantile Mortality rate was 32 for the County as compared with 42 in the previous year and was the lowest ever recorded. The rate for England and Wales was also 32.

The number of maternal deaths again happily decreased—from eight during 1948 to five in 1949—with a rate of 0.54 per thousand live and still births compared with the rate of 0.98 for England and Wales.

Tuberculosis deaths showed an increase from 202 in 1948 to 212 in 1949 (186 pulmonary and 26 non-pulmonary). The rate for all forms was 0.40 compared with 0.39 (the lowest ever recorded) in 1948.

The death rate for pulmonary tuberculosis was 0.35, again the second lowest recorded for the County.

The death rates from tuberculosis for England and Wales showed a decrease in comparison with the previous year—all forms 0.45 compared with 0.51 in 1948, and pulmonary and non-pulmonary 0.40 and 0.05 respectively compared with 0.44 and 0.07 the previous year.

The total deaths attributable to cancer in the County during 1949 were 857 compared with 805 the previous year. The rate was 1.62 per thousand of the population compared with 1.55 in 1948, and the rate for England and Wales was 1.87 (1.86 the previous year).

1. Infantile Mortality.					1948.	1949.
Rate per thousand live births—						
<i>a.</i> Whole County	..	..	..	..	42	32
<i>b.</i> England and Wales	..	..	..	..	34	32
2. Maternal Mortality.						
(i) Rate per thousand live births—						
<i>a.</i> Whole County	..	..	..	..	0.84	0.55
<i>b.</i> England and Wales		..	..	..	Not available	
(ii) Rate per thousand total (live <i>and</i> still) births—						
<i>a.</i> Whole County	..	..	..	..	0.82	0.54
<i>b.</i> England and Wales		..	..	..	1.02	0.98
3. Puerperal Sepsis.						
(i) Rate per thousand live births—						
<i>a.</i> Whole County	..	..	..	..	0.10	0.11
<i>b.</i> England and Wales	..	..	..	..	Not available	
(ii) Rate per thousand total (live <i>and</i> still) births—						
<i>a.</i> Whole County	..	..	..	..	0.10	0.11
<i>b.</i> England and Wales	..	..	..	..	0.13	0.11
4. General Death Rate.						
<i>a.</i> Whole County	..	..	..	..	9.65	10.6
<i>b.</i> England and Wales	..	..	..	..	10.8	11.7
5. Birth Rate.						
<i>a.</i> Whole County	..	..	..	..	18.3	17.4
<i>b.</i> England and Wales	..	..	..	..	17.9	16.7
6. Tuberculosis Mortality.						
Pulmonary—						
<i>a.</i> Whole County	..	..	..	..	0.32	0.35
<i>b.</i> England and Wales	..	..	..	..	0.44	0.40
All Forms—						
<i>a.</i> Whole County	..	..	..	..	0.39	0.40
<i>b.</i> England and Wales	..	..	..	..	0.51	0.45
7. Deaths from Cancer.						
<i>a.</i> Whole County	..	..	..	..	1.55	1.62
<i>b.</i> England and Wales	..	..	..	..	1.86	1.87

The general death rate, birth rate, tuberculosis mortality rates and cancer death rate given above are per thousand of the estimated population.

The following table* gives the chief vital statistics for the years 1948 and 1949 for England and Wales (as supplied by the Registrar-General) and for the County of Nottingham for comparison.

	Birth rate per 1,000 of population.		Death Rate per 1,000 of population.		Deaths under one year per 1,000 births.	
	1948	1949	1948	1949	1948	1949
England and Wales	17.9	16.7	10.8	11.7	34	32
126 County Boroughs, etc. ..	20.0	18.7	11.6	12.5	39	37
148 Smaller Towns	19.2	18.0	10.7	11.6	32	30
London, Admin. County ..	20.1	18.5	11.6	12.2	31	29
County of Nottingham ..	18.3	17.4	9.65	10.6	42	32
Aggregate Urban Districts ..	18.6	17.6	9.84	10.6	43	34
Aggregate Rural Districts ..	17.5	16.8	9.18	10.5	38	29

These rates are calculated on the estimated populations supplied by the Registrar-General.

*The rates supplied by the Registrar-General for England and Wales, County Boroughs, Smaller Towns and London, are provisional figures based on Weekly and Quarterly Returns.

Births.

The number of live births registered in the County during 1949 was 9,098 compared with 9,486 the previous year. The rate was 17.4 compared with 18.3 in 1948.

Males exceeded females by 326.

The number of illegitimate births registered during 1949 was 450 compared with 480 in the previous year.

Particulars of the number of illegitimate births registered, the rate per thousand of the population and the rate per thousand live births each year since 1941 are given in the following table.

ILLEGITIMATE BIRTHS.

Year	No. of Illegitimate Births registered	Rate per 1,000 of the population	Rate per 1,000 live Births
1941	339	0.61	42.6
1942	442	0.92	51.1
1943	541	1.15	58.5
1944	629	1.32	60.8
1945	699	1.47	76.8
1946	610	1.23	61.0
1947	489	0.97	45.8
1948	480	0.92	50.6
1949	450	0.86	49.4

Deaths.

The number of deaths registered during 1949 was 5,536 (2,892 males and 2,644 females) giving a rate of 10.6 per thousand of the estimated population compared with 9.65 for the previous year.

The corresponding rate for England and Wales for 1949 was 11.7 (1948 10.8).

Principal Causes of Death.

The chief causes of death for the whole County in order were as follows :—

Heart Disease	1,591
Cancer, Malignant Diseases	847
Intra-cranial Vascular Lesions	655
Disease of the Respiratory System (excluding Tuberculosis)	646
Tuberculosis all forms	212
Congenital Malformations, Birth Injuries, Infantile Diseases, Premature Births	188

Deaths of Infants under One Year of Age.

The number of registered live births and of infants, legitimate and illegitimate, who died during 1949 before reaching the age of one year, was as follows :—

	No. of Registered Live Births			No. of Deaths of Infants under one year of age		
	Legitimate	Illegitimate	Total	Legitimate	Illegitimate	Total
Male . .	4,473	239	4,712	165	9	174
Female . .	4,175	211	4,386	115	7	122
TOTALS	8,648	450	9,098	280	16	296

The deaths of sixteen illegitimate infants under one year of age out of a total of 450 registered illegitimate live births give an illegitimate infantile mortality rate of 35 per thousand compared with a legitimate infantile mortality rate of 32 per thousand arising from the death under one year of age of 280 infants out of a total of 8,648 registered legitimate live births.

The total infantile mortality rate for 1949 was 32 per thousand registered live births. This rate is the lowest recorded for the County, the next lowest rate being 41 in 1946 and in 1947. It is interesting to note that the corresponding rate in 1900 was 160.

**Table of Causes of Death of Children
Under One Year of Age.**

	NUMBER OF DEATHS			Rate per 1,000 live Births
	Urban Districts	Rural Districts	County	
Congenital Debility, Malformations, etc. ..	69	28	97	10.6
Premature Birth	60	17	77	8.4
Pneumonia	49	13	62	6.8
Bronchitis	8	2	10	1.1
Other Respiratory Diseases	1	—	1	0.1
Whooping Cough	—	1	1	0.1
Influenza	—	2	2	0.2
Measles	1	—	1	0.1
Syphilitic Diseases ..	1	—	1	0.1
Cerebro-spinal Fever ..	1	—	1	0.1
Acute Poliomyelitis ..	1	—	1	0.1
Diarrhoea	12	6	18	1.9
Other Causes	19	5	24	2.6

Fifty-eight per cent. of the infant deaths were due to pre-natal causes (twenty-five per cent. to premature births and thirty-three per cent. to congenital debility, malformations, etc.) Of thirty-two infant deaths which occurred for every thousand infants born alive, nineteen were due to congenital debility, malformation and premature birth.

The next most frequent cause of death was respiratory disease.

Diarrhoea accounted for almost two deaths per thousand live births.

INFECTIOUS DISEASES.

The total number of cases of Infectious Diseases, other than Tuberculosis, and the deaths resulting amongst the County civilian population were as follows:—

DISEASE	Cases Notified	Deaths
Scarlet Fever.. .. .	1,212	—
Whooping Cough	439	2
Diphtheria	8	1
Measles	5,310	2
Acute Pneumonia	353	207
Cerebro-Spinal Fever	8	3
Acute Poliomyelitis	75	} 12
Acute Polioencephalitis	5	
Dysentery	1	*
Ophthalmia Neonatorum	17	—
Puerperal Pyrexia	24	1
Paratyphoid Fever	7	} 1
Enteric or Typhoid Fever	2	
Erysipelas	77	*
Malaria—Believed contracted in this country	2	*
Believed contracted abroad	1	*
Chicken Pox	2	*
Food Poisoning	5	*

* Deaths from these diseases are not shown separately in the return received from the Registrar-General.

Wherever a copy of an infectious disease notification was passed to the Council within twelve hours of receipt by a County District Medical Officer of Health the fee paid by the local authority to the general medical practitioner was reimbursed.

In all such cases the Council's Health Visitors were provided with full particulars in order that they might take appropriate preventive action.

Acute Poliomyelitis.

Acute Polioencephalitis.

The year 1949 witnessed a further serious country-wide outbreak of Acute Poliomyelitis and Acute Polioencephalitis—popularly known as Infantile Paralysis. In Nottinghamshire eighty-one cases were notified (including one non-civilian) and there were twelve deaths compared with seventy-three notified cases and ten deaths in the County during the previous similar outbreak in 1947.

As in 1947, increased incidence occurred in the early part of August and notifications reached their peak about mid-September but, contrary to experience in the previous outbreak, the decline in notifications was gradual during 1949 and, although the County was again generally regarded as free from cases by the end of the year, isolated cases persisted until mid-February, 1950.

Although the age-incidence of the cases reported in Nottinghamshire ranged from five months to forty-eight years, eighty per cent. of the notified cases were children below the age of fifteen years.

The County Health Department collaborated fully with the Medical Officers of Health of County Districts and with the appropriate Officers of the Sheffield Regional Hospital Board where necessary in ensuring that sufferers received prompt treatment and in such action as was requisite and possible to prevent the spread of infection, including the postponement for a long period of operations on children for the removal of enlarged tonsils and adenoids owing to the added risk of infection to such patients during the epidemic.

The following table shows the distribution of cases by County Districts :—

COUNTY DISTRICT				No. of Cases	No. of Deaths
Urban Districts :					
Mansfield (Borough)	..	..		3	1
Worksop (Borough)	..	..		23	3
Newark (Borough)	..	..		2	1
East Retford (Borough)	..	..		—	—
Arnold .. ..	..	..		—	—
Beeston and Stapleford	..	..		18	2
Carlton .. ..	..	..		1	—
Eastwood .. ..	..	..		—	—
Hucknall .. ..	..	..		—	—
Kirkby-in-Ashfield	..	..		—	—
Mansfield Woodhouse	..	..		2	—
Sutton-in-Ashfield	..	..		—	—
Warsop .. ..	..	..		—	—
West Bridgford ..	..	..		5	2
Rural Districts :					
Basford .. ..	..	..		12	—
Bingham .. ..	..	..		3*	—
East Retford ..	..	..		1	—
Newark .. ..	..	..		3	1
Southwell .. ..	..	..		6	2
Worksop .. ..	..	..		2	—
TOTALS ..				81	12

*Including 1 non-civilian.

SANITARY CIRCUMSTANCES OF THE AREA.

Prevention of Pollution of Rivers and Streams.

Industrial Pollution.

At Pye Hill Colliery repairs to the water softening plant have been completed and a new pump fitted to lift the waste waters to the tip for settlement instead of, as previously, allowing their discharge to the stream. Owing to site difficulties of lifting the wagon drainage back to the clarification plant it has been decided to continue the treatment of this waste in tanks and it is intended to make extensions to the existing provisions.

From Moor Green Colliery there has been during the year severe pollution of the Brinsley Brook, River Erewash, by intermittent discharges from the pumphouse where dirty water is lifted from the washery tower to the tip. A new pump, however, has now been installed and the settling pond by the side of the pumphouse into which emergency flows can be diverted has been enlarged. Since these alterations were carried out no unsatisfactory discharges have been observed and, it is also understood, a further pump has been ordered so that a duplicate may be available at the pumphouse.

At Rufford Colliery excavations are proceeding on a number of disused tanks with the intention of bringing them back into use for the slurry waste and work is also being done on the digging out of the deposited material from the channel which extends along the foot of the old lagoons as a safeguard against pollution caused by the disintegration of the banks.

At Langton Colliery a small plant is installed to wash "nuts" and the waste is settled in two tanks. Unsatisfactory discharges have been observed passing to the River Erewash and representations have been made for improved settlement. It is understood plans are being prepared for this purpose.

In January a complaint was received from the West Riding of Yorkshire Rivers Board with respect to the pollution of the River Torne by discharges from the Harworth Colliery. It was found that one part of a shift was not covered by labour on the clarification plant and at the loading plant and steps were taken to correct this. It is also understood that owing to considerable increase in production the recovery plant is over-burdened and a report has been submitted pointing out the necessity for extensions.

From the Huthwaite Colliery pollution of the Nunn Brook has been observed by water from the tip surface charged with suspended matter. Two shallow ponds were constructed to settle the waste and are producing satisfactory results.

At Bentinck Colliery pollution of the River Erewash was found to

be due to the bringing into use of a fresh lagoon area on the tip from which, at one point, unfiltered slurry waste was leaking through. A pond was formed between the tip bank and the stream where the waste was arrested and the pollution stopped.

An unsatisfactory condition in the stream below Gedling Colliery was corrected by the thorough cleaning of the general settling tanks. It is understood that the clarification plant for the slurry waste is now proving too small for the amount of waste to be dealt with and approval has been given for the installation of a much larger unit.

At Linby Colliery the washing of coal is to be undertaken and a plant is in course of construction. It is understood that the provision of a clarification plant is incorporated as an essential part of the scheme.

With respect to the two Beet Sugar Works in the County, the final effluents taken from the Colwick Factory showed the desirability of some further degree of purification and one, taken towards the end of the campaign, contained an abnormal amount of suspended matter. Representations have been made for the removal of much more suspended matter from the ponds than in previous years. An attempt was made to return to the process the "pulp press" water but it so detrimentally affected the quality of the sugar being made that it had to be diverted again to the general settling ponds. It is understood that further alterations will be made to enable a small percentage of this waste to be returned to the factory during the next campaign and that future policy includes alterations which will allow of the whole of the "pulp press" water being absorbed in the process.

The last sample of final effluent taken from the Kelham Factory was reported upon as showing marked deterioration by comparison with previous samples. At the time of taking the sample a certain quantity of lime waste was passing with the condensation water and only receiving partial settlement in a shallow and small lagoon. This was found to be due to defective piping and had been corrected at a subsequent visit. Representations have been made for the more adequate removal of suspended matter from the ponds and for their division by suitable walls and barriers.

Sewerage and Sewage Disposal.

Ministry of Health Inquiry.

During the year one Ministry of Health Inquiry was held for sanction to raise a loan of £19,000 for works of sewerage and sewage disposal for the parishes of Cuckney and Norton in the Worksop Rural District.

New Sewage Works.

At Elston, Newark Rural District, and at Langar, Bingham Rural District, the council houses recently erected have been provided with

small purification plants and in each case they consist of a tank, percolating filter and humus tank.

At Rampton County School a separate sewage purification plant has been constructed and consists of two tanks, a percolating filter and humus tank.

Alterations and Maintenance.

At Stoke Bardolph, Nottingham, it is understood that the scheme of activated sludge treatment and sludge digestion treatment submitted to the Ministry of Health was accepted in principle, but loan sanction and permission to proceed were granted only for the sludge digestion plant to deal with a population of 375,000. Work has commenced and is proceeding on the construction of the sludge digestion plant.

At Beeston considerable difficulty has been experienced in getting the tank effluent through some of the delivery pipes to the filters owing to incrustation. Work has been carried out on removing the deposit from the distribution pipes and the normal flow can again be delivered. The question of taking steps to prevent its recurrence has been referred to the District Council's Consulting Chemist for investigation.

In the Basford Rural District work is proceeding on the construction of the sewerage scheme for the parish of Bestwood. At Gotham there has been further disintegration of the brickwork and the dividing wall between the two sedimentation tanks collapsed. The tanks have been rebuilt and work is now being done on the humus tanks. At Ruddington Sewage Pumping Station a breakdown of the two gas engines caused the whole of the sewage to pass to the Fairholme Brook for about two and a half weeks. Representations have been made with respect to the re-organisation of this pumping station.

The Southwell Rural District Council have appointed a Superintendent to supervise the operation of the whole of the Sewage Works in the Area. He will work under the direction of the Surveyor and possesses technical qualifications for the position. This is, undoubtedly, a progressive step and worthy of the highest commendation.

Sampling of Effluents.

Periodical sampling of final effluents from the various sewage works in the County was undertaken as regularly as possible and, of the 150 tested, 96 were classified as 'good' or 'fair' and 54 as 'unsatisfactory' or 'bad.'

In addition to the sampling of final effluents taken and reported upon officially, 27 observation samples have been tested. These were taken mainly from the various units of sewage purification plants, and examined for the information and guidance of Engineers and Surveyors with a view to assisting them in the control of their works.

Statistics.*Analysis of Samples.*

Summary of analysis of samples examined in the County Laboratory during 1949 :—

Sewage Disposal Works :—

Good effluents	..	..	..	..	62	
Fair effluents	..	..	..	..	34	
Unsatisfactory effluents	..	..	..	..	22	
Bad effluents	..	..	..	..	32	
					—	150
Manufactory effluents	..	..	..	..	8	
Observation samples	..	..	..	..	27	
					—	35
						185
						==

Visits of Inspection.

The number of visits paid during the year was as follows :—

Sewage Disposal Works	..	..	..	..	347
Untreated Sewage Discharge		..	..	..	32
Industrial Works	..	..	..	..	484
					—
					863
					==

Work undertaken by County Health Inspector.

The following is a brief summary of the work undertaken by the County Health Inspector during the year :—

	<i>No. of Visits paid</i>
Investigations in connection with Public Water Supplies	40
Investigations of complaints of Sanitary Defects from Health Visitors, County residents, etc.	141
Investigations of sanitary circumstances generally (including interviews with Officers of County Districts)	445

Dairies and Cowsheds

Number inspected	68
------------------	----	----	----	----	----

Rural Housing.

The Rural Housing Survey made progress during the year but is still incomplete as regards three of the six Rural Districts.

During the year the Housing Act, 1949, was introduced. The Act deals with the re-conditioning of dwelling houses up to a standard higher than any previously laid down. So far as the Rural Districts are concerned, the Act may well resume the work of the old Housing (Rural Workers) Acts which were withdrawn in September, 1945.

The erection of new houses is the main objective at the present time, and the control of labour and materials appears to be a necessary requirement to secure that aim.

At the present time therefore it is difficult to envisage a campaign of re-conditioning on a wide scale such as was hoped would follow automatically the work of the Rural Housing Survey.

Public Cleansing.

A number of the District Councils made improvements in their refuse disposal arrangements during the year, the more important changes being as follows :—

Carlton Urban District	Fleet of refuse collection vehicles enlarged and weekly collection re-introduced ; preliminary work on new 23 acre tip commenced.
Eastwood Urban District	New refuse collection vehicle ordered and tipping transferred to new tip.
Mansfield Woodhouse Urban District	New refuse disposal tip brought into use.
Sutton-in-Ashfield Urban District	Controlled tipping improved by acquisition of Fordson Major tractor fitted with bulldozing equipment.
East Retford Rural District	Collection improved by acquisition of two new vehicles ; further 400 dustbins distributed and all bins now emptied every 10-11 days.
Southwell Rural District	Weekly collection of dry refuse introduced for villages of Perlethorpe and Buddby ; Scheme under consideration for direct labour collection of refuse in six parishes.

WATER SUPPLIES.

DISTRICT.	PARTICULARS OF SUPPLIES FROM WATERWORKS.										Proportion of houses and population connected to public mains.	Particulars of extensions of water mains.
	Quality.	Quantity.	RESULTS OF BACTERIOLOGICAL EXAMINATIONS.						Plumbo-solvency	Action taken in respect of any form of contamination.		
			Raw Water :		Water after treatment :		Results of Chemical Analyses :					
			Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory				
URBAN DISTRICTS:												
MANSFIELD (Borough) ..	Satisfactory	Satisfactory	—	—	13	—	—	13	—	—	Only 14 houses without a public water supply.	—
NEWARK (Borough) ..	Do.	Do.	—	—	4	—	—	—	—	—	100%. 80% of the houses are supplied direct from public mains and 20% by means of standpipes.	
EAST RETFORD (Borough)	Do.	Do.	59	1	56	—	—	1	—	—	99.9%.	Extensions to new houses at Hallcroft and Ordsall Estates.
WORKSOP (Borough) ..	Do.	Do.	15	—	4	—	—	2	—	—	96% of houses supplied direct from public mains. Large proportion of remaining 4% by pipe supply from Collieries and Estates.	3" main 287 yds. 4" " 1523 " 6" " 33 " 10" " 663 "
ARNOLD ..	Do.	Do.	—	—	—	—	—	—	—	—	100%, but for 10 houses in the district.	Branch mains to new properties.
BREESTON & STABLEFORD	Do.	Do.	—	—	4	—	—	2	—	—	100%, with the exception of one or two isolated properties served by wells.	To new properties only.
CARLTON ..	Do	Do.	1†	—	—	—	—	2†	—	Chlorination plant installed for water supplied from private well and bore to 60 houses.	99.6% of houses and population supplied direct from public mains.	3" main 136yds. 4" " 445 " 6" " 995 "
EASTWOOD ..	Do.	Do.	—	—	—	—	—	—	—	—	Approx.100% of houses supplied direct from public mains. Three houses supplied by means of standpipes.	Minor extensions to new properties.

HUCKNALL	..	Satisfactory	Satisfactory	25	4†	26	—	1	†	Satisfactory	—	6,204 houses (population 22,934) supplied direct from public mains. 24 houses (population 96) supplied by means of standpipes.	To new houses at Ruffs Estate and Wighay Road.
KIRKBY-IN-ASHFIELD	..	Do.	Unsatisfactory	4	—	4	—	4	—	Do.	—	5,607 houses (99.7%) supplied direct from public water mains.	500 yds. 6". 220 yds. 4". 160 yds. 3".
MANSFIELD WOODHOUSE	..	Do.	Satisfactory	—	—	4	—	1	—	Do.	—	4,611 houses (population 17,454) supplied direct from public water mains.	200 yds. 3". 660 yds. 4". to new houses
SUTTON-IN-ASHFIELD	..	Do.	Insufficient for present population and industries.	—	—	23	1	8	—	Do.	Flushing of end main.	99.6% of the houses are supplied direct from public mains and remainder by means of standpipes.	—
WARSOP	..	Do.	Satisfactory	—	—	7	—	4	—	Do.	—	2,712 (99.7%) houses are supplied from public mains.	Extensions to new sites at Coggins Lane and Stonebridge Road.
WEST BRIDGEFORD	..	Do.	Do.	—	—	—	—	—	—	Do.	Chlorination of water from well in a camping ground.	7,690 houses are supplied from public mains. Only one or two houses do not have a piped supply.	To serve needs of new houses.
RURAL DISTRICTS:													
BASFORD	..	Do. (excepting Willoughby-on-the-Wolds)	Do. of Parish of Willoughby-on-the-Wolds)	9	14	17	2	25	13	Do.	Chlorination plant installed at Newstead Colliery Village following unsatisfactory sampling. Notices served on owners of other unsatisfactory supplies either to connect to main supply or take other steps to eliminate pollution.	14,105 houses (population 47,185) are supplied direct from public water mains. 207 houses are supplied by means of standpipes.	Work commenced by Nottingham and Loughborough Corporations on laying mains supply to six parishes previously without piped water supply.

† Sample taken from wells and bore

WATER SUPPLIES—continued.

DISTRICT.	PARTICULARS OF SUPPLIES FROM WATERWORKS.										Proportion of houses and population connected to public mains.	Particulars of extensions of water mains.
	Quality.	Quantity.	RESULTS OF BACTERIOLOGICAL EXAMINATIONS.						Plumbo-solvency	Action taken in respect of any form of contamination.		
			Raw Water:		Water after treatment:		Results of Chemical Analyses:					
			Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory				
BINGHAM	..	* Satisfactory	* Satisfactory	7	12	—	—	—	—	Do.	59% of the houses are supplied direct from public water mains, and 17% are supplied by means of standpipes.	Nil by Council. Number of farms had piped supply under the County War Agricultural Committee's Scheme.
NEWARK	..	Do.	Do.	—	7	—	—	—	—	Do.	Not known.	Northern parishes scheme for bulk supply from Lincoln Corporation completed together with extension to Holme from NewarkBorough
EAST RETFORD	..	Do.	Do.	11	—	60	—	—	—	Do	86.8% of houses and population supplied direct from public water mains.	3" main 2,980 yds. 4" main 2,940 yds. 6" main 4,120 yds.
SOUTHWELL	..	Do.	Do.	2	—	30	4	—	—	Do.	94% of the houses are supplied from public water mains.	—
WORKSOP	..	Do.	Do.	4	1	52	‡5	6	—	Do.	3,913 houses (94.7%) supplied direct from public water mains. 36 houses supplied by means of standpipes.	Two main extensions involving a total of 403 yds. 3" mains and 585 yds. 4" mains.

* The supply from public water mains has been satisfactory, the wells have been unsatisfactory in quality and quantity.
 ‡ Further samples taken immediately following receipt of unsatisfactory reports, proved water in each case to be bacteriologically satisfactory.

INSPECTION AND SUPERVISION OF FOOD.

The Milk Supply.

Supervision by District Authorities.

The records of the inspections carried out during 1949, which have been furnished by District Medical Officers of Health, are as follows :—

District.	No. on Register at end of year.		No. of Inspections.		No. of Defects found.		No. of Defects remedied.	
	Distri- butors	Dairies	Distri- butors	Dairies	Distri- butors	Dairies	Distri- butors	Dairies
<i>Boroughs—</i>								
Mansfield ..	19	8	—	85	—	3	—	2
Worksop ..	26	14	67	88	9	7	9	7
Newark ..	32	6	62	28	2	—	2	—
East Retford	23	3	—	144	—	1	—	1
<i>Urban</i>								
<i>Districts—</i>								
Arnold ..	34	10	102		4	3	4	3
Beeston and Stapleford ..	23	11	*42	*66	—	—	—	—
Carlton ..	25	31	82		1	—	1	—
Eastwood ..	3	3	6	18	—	—	—	—
Hucknall ..	26	3	58	27	3	2	3	2
Kirkby-in- Ashfield ..	37	40	36	45	3	—	3	—
Mansfield Woodhouse	42	4	64	16	2	3	2	3
Sutton-in- Ashfield ..	64	15	72	60	1	4	1	3
Warsop ..	9	3	13	2	—	—	—	—
W. Bridgford ..	26	17	187		—	3	—	3
<i>Rural</i>								
<i>Districts—</i>								
Basford ..	161	368	—	128	—	14	—	14
Bingham ..	53	3	34		6		6	
Worksop ..	12	2	25	8	—	—	—	—
East Retford ..	4	1	—	469	—	62	—	31
Newark ..	6	4	6	—	—	—	—	—
Southwell ..	106	84	143	199	11	17	10	15

* Excluding 39 visits to Cowsheds and Dairies (Producers) prior to 1/10/49.

ROUTINE MILK SAMPLING.

Type of Sample.	By whom collected.	No. of farms involved.	No. of cows involved.	No. of Samples submitted for biological examination.	RESULT OF BIOLOGICAL EXAMINATION. No. of Samples.		
					Positive.	Negative.	Not Tested.
Mixed herd (non-graded herd)	County Milk Samplers	1,726	16,831	537	34	487	16
School Milks	County Health Inspector	—	—	64	1	62	1
	TOTALS	1,726	16,831	601	35	549	17

Milk (Special Designations)**(Pasteurised and Sterilised Milk) Regulations, 1949.**

The Chief Inspector of the County Food and Drugs Department has kindly provided the following information relating to Dealers' Licences in operation at 31st December, 1949, under the above-mentioned Regulations :—

Pasteurised Milk—Licenced processors	..	..	12
Sterilised Milk	do.	..	1

According to information provided by the County District Councils, the numbers of Licences in operation at the end of the year for the sale of the following grades of milk were as indicated :—

Pasteurised Milk	..	..	..	..	..	255
Sterilised Milk	..	..	..	..	..	293
Tuberculin Tested Milk	..	..	..	..	..	198
Accredited Milk	..	..	..	..	..	31

Check Sampling of School Milks.

The number of School Milk samples taken on School premises during the year by the County Health Inspectors and forwarded for biological examination for the presence of tubercle was as follows :—

No. of Samples.	RESULT OF BIOLOGICAL EXAMINATION.				
	Positive.		Negative.		Not Tested.
	No.	Percentage.	No.	Percentage.	
64	1	1.59	62	98.4	1

Food and Drugs Act, 1938.

The adulteration of food is dealt with by the County Food and Drugs Department and by courtesy of the Chief Inspector (Mr. Gregory) a summary of the work carried out during the year is given.

The summary embraces samples taken under the Food and Drugs Act, 1938, Public Health (Condensed Milk) Regulations, 1923 and 1948,

and the Public Health (Preservatives, etc. in Food) Regulations, 1925 to 1948.

	Obtained	Tested by Inspectors	Analysed by Public Analyst	Genuine	Adulter- ated or Sub- standard
Baking Powder ..	12		12	12	
Beverages	18		18	18	
Butter and Margarine ..	15		15	15	
Coffee & Coffee Essences	19		19	19	
Condiments, Pickles and Sauces	57		57	49	8
Cooking Oils and Fats	20		20	20	
Cordials and Minerals ..	13		13	13	
Drugs, various	35		35	35	
Fish Products	34		34	34	
Flavourings	3		3	3	
Flour, Cake and Cake Mixtures	23		23	23	
Fruit and Vegetables tinned	15		15	15	
Herbs and Stuffings ..	13		13	11	2
Ice Cream	71		71	69	2
Jams and Preserves ..	25		25	25	
Meat Products	64		64	57	7
Milk	862		57	26	31
Milk, Informal	2,444	2,442	2		2
Milk (Supervised Milking)	51		51	40	11
Milk, Condensed ..	16		16	16	
Miscellaneous Foods ..	45		45	45	
Puddings and Pudding Mixtures	30		30	30	
Suet	10		10	9	1
Sweets	31		31	31	
Table Jellies & Powders	36		36	32	4
Vinegar Malt	12		12	12	
Vinegar, Non-Brewed	6		6	5	1
Wines and Spirits ..	60		60	58	2
Salad Cream & Dressings	20		20	17	3
TOTALS	4,060	2,442	813	739	74

Inspection of Meat and Other Foods.

In accordance with the Livestock (Restriction on Slaughtering) Order, 1940, the slaughtering of animals for human consumption continued during 1949 to be centralised under the control of the Ministry of Food at requisitioned Slaughter Houses at Nottingham, Mansfield, Newark and East Retford so that the only inspection of Slaughter Houses and of carcasses carried out in other Sanitary Districts was in connection with the slaughtering of privately owned pigs. All Sanitary Inspectors employed by the appropriate District Councils assisted, however, in the inspection of carcasses at the Slaughter Houses used by the Ministry of Food and particulars of carcasses inspected and condemned by these Officers as reported by Medical Officers of Health of the County Districts are as follows :—

	Cattle (excluding Cows)	Cows	Calves	Sheep and Lambs	Pigs
Number killed	6,957	3,060	6,220	37,704	11,063
Number inspected	6,957	3,060	6,220	37,704	11,063
<i>All diseases except Tuberculosis</i>					
Whole carcasses condemned ..	47	36	115	149	62
Carcasses of which some part or organ was condemned	1,283	937	14	642	612
Percentage of the number in- spected affected with disease other than Tuberculosis ..	30.7%	25.3%	1.1%	3.8%	10.2%
<i>Tuberculosis only</i>					
Whole carcasses condemned ..	89	173	30	—	31
Carcasses of which some part or organ was condemned ..	1,512	961	4	—	645
Percentage of the number in- spected affected with Tuber- culosis	21.5%	30%	0.5%	—	6.7%

Detailed particulars of the work carried out in connection with the inspection of shops, stalls and other premises where meat is retailed or other foods prepared for sale have been furnished by the Medical Officers of Health of the County Districts and indicate that in this direction a considerable amount of supervision was exercised.

Five thousand five hundred and sixty-eight visits were paid to premises where meat was retailed and unsound meat was condemned where necessary. Unsatisfactory conditions were recorded in ninety-six instances and sixty-seven such conditions were remedied during the year.

Visits of inspection to premises where food other than butchers meat was manufactured, prepared or sold, numbered 5,873, and unsatisfactory conditions were recorded in 319 cases of which 241 were remedied as a result of notices served by the Sanitary Authority.

Food Poisoning Outbreaks.

Two cases of Food Poisoning were reported during 1949, the details being as set out in the following table :—

No. of Outbreaks	No. of Cases	No. of Deaths	Organism or Other Agent responsible		Food involved	
			Organism	No. of Outbreaks	Food	No. of Outbreaks
2	2	—	Sulphi- Typhimurium	1	Duck Egg	1
			Not known	1	Suspected Sausage Meat	1

Clean Food Campaigns.

Six County District Councils reported action taken during the year in this connection and a further District Council reported that proposals were in hand to commence their campaign in 1950. The action generally taken comprised the exhibition of posters, distribution of leaflets and intensified visitation of food premises by Sanitary Inspectors.

One of the larger District Councils decided during the year to appoint an additional Sanitary Inspector to cope with this additional work and in one of the Rural Districts a butcher appeared before the Local Council for repeatedly being reported as having dirty premises and a dirty delivery van.

NURSING HOMES.

There were no new Nursing Homes registered during 1949. Two applications from Keepers of Nursing Homes for their approved accommodation to be increased were granted during the year; the accommodation of one Home being increased from five to seven chronic cases and that of the other from ten to eleven chronic cases.

Mount Vernon Nursing Home, Retford, registered for fifteen chronic cases and seven maternity cases, was closed on 26th September, 1949, and taken over by the County Council as a home for aged persons. The Keeper of Leigh Bank Nursing Home, Sutton-in-Ashfield, registered for six maternity patients, found it necessary to close this Home during September, 1949, owing to staffing difficulties and health reasons.

There were ten Nursing Homes registered at the end of 1949, and these provided beds for forty-nine maternity cases and forty-six other cases. The Inspectors made forty-four visits of inspection during the year.

NATIONAL ASSISTANCE ACT, 1948, SECTION 47.

According to information provided by the County District Councils, action was taken under this statutory provision in two cases during the year.

In one case a Court Order was granted for a period of one month and in the other case the Court Order, initially for three months, was still in force at the end of the year through periodic renewal.

CLINICS AND TREATMENT CENTRES.

The table which follows shows the various Clinics and Centres in operation in the County, and the figures shown opposite each place indicate the number of sessions held under each heading per month of four weeks.

SITUATION OF CLINIC OR CENTRE	Maternity and Child Welfare	Ante- Natal	Post- Natal	School Clinic	Dental
Arnold (3 M. C. W. Centres) ..	16	6	2	8	8
Awsorth	2	2	—	—	—
Balderton	4	1	—	4	—
Barnby Moor	2	1	—	—	—
Beauvale	4	2	—	—	—
(a) Beeston (and Stapleford) ..	12	8	—	8	16
Bestwood	2	1	—	—	—
Bilthorpe	4	2	—	8	4
Bingham	4	1	—	—	—
Blidworth	4	2	—	—	—
Blyth	2	1	—	—	—
Bunny	2	1	—	—	—
Burton Joyce	2	1	—	—	—
Calverton	2	2	—	—	—
Carlton	16	12	1	12	16
Chilwell (Beeston)	2	2	—	—	—
Clipstone	4	2	—	8	—
Collingham	2	1	—	—	—
Cotgrave	2	1	—	—	—
Cropwell Bishop	2	1	—	—	—
Cuckney	2	1	—	—	—
Dunham-on-Trent	2	1	—	—	—
East Bridgford	2	1	—	—	—
East Leake	2	1	—	4	—
East Retford	12	4	—	8	8
Eastwood	4	4	—	8	8
Edwinstowe	4	2	—	—	—
Farndon	2	1	—	—	—
Flintham	2	1	—	—	—
Gotham	2	1	—	—	—
Gringley-on-the-Hill	2	1	—	—	—
Harworth	8	4	—	8	8
Hickling	2	1	—	—	—
Hucknall	12	6	1	12	8
Huthwaite (Sutton-in-Ashfield) ..	4	2	1	—	2
Kilvington	2	1	—	—	—
Kimberley	4	4	—	8	—
Kirkby-in-Ashfield	8	4	—	8	8
Lambley	2	1	—	—	—
Langar	2	1	—	—	—
Langold	4	2	—	8	—
Lowdham	8	1	—	—	—
(b) Mansfield (4 M. C. W. and Ante-Natal Centres, 2 School Clinics)	28	16	—	20	42
Mansfield Woodhouse (2 M. C. W. and Ante-Natal Clinics) ..	12	4	—	8	—

(a) Ultra-Violet Light Treatment—16 Sessions per month.

(b) Ultra-Violet Light Treatment— 8 Sessions per month.

CLINICS AND TREATMENT CENTRES—continued.

SITUATION OF CLINIC OR CENTRE	Maternity and Child Welfare	Ante- Natal	Post- Natal	School Clinic	Dental
Mattersey	2	1	—	—	—
Misson	2	1	—	—	—
Misterton	4	2	—	—	—
Newark	8	2	—	12	8
Newstead	4	2	—	—	—
North Muskham	2	1	—	—	—
Nuthall	2	1	—	—	—
Ollerton	8	4	1	8	8
Papplewick	2	1	—	—	—
Plumtree	2	1	—	—	—
Porchester	8	3	—	—	—
Radcliffe	2	1	—	4	—
Rainworth	2	1	—	—	—
Ruddington	2	2	—	—	—
Selston	2	2	—	8	—
Skegby and Stanton Hill (Sutton- in-Ashfield)	4	4	1	—	—
South Clifton	2	1	—	—	—
South Leverton	2	1	—	—	—
Southwell	4	1	—	4	4
Standhill Road (Carlton)	4	2	—	—	—
Stapleford (and Beeston)	8	2	—	8	8
Sutton Bonnington	2	2	—	—	—
Sutton-in-Ashfield	8	6	1	12	16
Sutton-on-Trent	2	1	—	—	—
Syerston	2	1	—	—	—
Trowell	2	1	—	—	—
Tuxford	4	2	—	—	—
Underwood	2	1	—	—	—
Warsop (3 M. C. W. Centres)	12	4	—	8	—
West Bridgford	12	4	—	8	8
Westwood	2	2	—	—	—
Willoughby	2	1	—	—	—
Worksop (4 M. C. W. Centres)	14	6	—	8	8

All Centres and Clinics are equipped for vaccination or immunisation and this is carried out at special sessions arranged according to need or at the request of a parent at a routine session.

SERVICES PROVIDED UNDER THE NATIONAL HEALTH SERVICE ACT, 1946.

HEALTH CENTRES (Section 21).

The last Annual Report indicated that no rapid or extensive development of Health Centres could be expected while the conditions of stringency persisted which existed at the time the Report was written. Unfortunately these conditions still persist, with the result that the Government have not yet found it possible to make any further declaration of policy with regard to Health Centres, nor to advise Local Health Authorities about such matters as scale of provision or design of buildings.

In the meantime discussions have, however, proceeded with the County Director of Planning as regards reservation of actual sites in

the localities tentatively approved by the County Health Committee. This has been done with a view to ensuring that sites will be available when the present restriction on the development of Health Centres is lifted or eased. The County Medical Officer has also conferred with the Clerk to the Local Executive Council, and as a result tentative proposals have been submitted to and approved by the County Health Committee for certain additional Sub-Centres. The Committee have also agreed to the planning of the necessary Health Centre provision for certain projected new development in the County.

As a matter of policy, where there are existing modern Child Welfare Centres and/or School Clinics endeavour will be made to provide Health Centres in association. In localities where the Child Welfare Centres and/or School Clinics are not already provided with modern up-to-date or otherwise suitable buildings the Health Centre plans will embody provision for Child Welfare Centres and/or School Clinics to replace buildings not suitable for continued long-term use.

CARE OF MOTHERS AND YOUNG CHILDREN (SECTION 22).

The end of the year under review saw the completion of the first full year since the County Council assumed responsibility for the administration of the maternity and child welfare services for the whole county. The policy of gradual absorption and rationalisation which was adopted as regards the maternity and child welfare services transferred to the County Council under the National Health Service Act, 1946, has worked smoothly and by the end of the year the centralisation of records was complete and, together with accounting and ordering procedure, placed on a uniform basis. The success of this policy is in no small measure due to the willing co-operation afforded by the County District Medical Officers who, in their added capacity of Assistant County Medical Officers for maternity and child welfare purposes, continued the day to day supervision of the service.

Child Welfare Centres.

During the year additional Centres were established at Nuthall (opened 7th September) and at Syerston (opened 20th December). The Centre at Wigsley was transferred to South Clifton in order more adequately to meet the needs of the area. A list of the eighty-eight Centres now operating in the County, with information regarding sessions, is set out on pages 47 and 48. Details of the attendances made and medical consultations afforded are as follows :—

	ATTENDANCES	MEDICAL CONSULTATIONS
Infants	103,833	26,575
Children	58,127	14,993
Expectant Mothers ..	1,354	1,466
Post-Natal Mothers ..	167	116
Totals ..	163,481	43,150

Ante-Natal and Post-Natal Clinics.

The medical examination of expectant mothers and post-natal cases is undertaken in the scattered rural areas at those sessions of the Child Welfare Centres which are attended by the Medical Officers. In the urban districts and the more populous rural areas, separate sessions for ante-natal and post-natal cases are provided and special sessions for each category are held where the attendances are sufficiently large.

At the end of the year there were seventy-six Centres at which ante-natal and post-natal examinations were undertaken. Twenty-seven of these were at combined centres, separate sessions for ante-natal and post-natal cases being provided at forty-three of the centres. There were six centres at which special sessions for post-natal work were held. The table given on pages 47 and 48 shows the frequency of sessions, and the work undertaken during the year was as follows :—

			ANTE-NATAL	POST-NATAL
<hr/>				
<i>Attendances :</i>				
Primary	..	..	4,777	1,187
Total	..	..	27,756	1,404
<i>Medical Consultations</i>		..	27,446	1,386

Consultant Services.

The arrangements for cases to be referred for specialist advice to Ante-Natal and Post-Natal Consultant Clinics established in conjunction with the Nottingham Hospital for Women and the Mansfield and District General Hospital were extended by the establishment of similar Clinics at the Worksop Victoria Hospital and the Basford Highbury Hospital. Cases in which an X-Ray examination is desired are referred to the Nottingham General Hospital, the Worksop Victoria and Kilton Hospitals, the Mansfield and District General Hospital and the Newark Town and District Hospital.

Two hundred and ninety-eight cases were referred for a Consultant's opinion and seventy-six for X-ray examination.

Maternity Hospital Treatment.

The problem of dealing with the large numbers of cases requiring hospital accommodation for their confinements continues to be extremely difficult but, with the co-operation of the Medical Officers of the various Hospitals, no really needy case was refused admission. The introduction of a uniform method for investigating the circumstances of each applicant materially assisted in assessing which cases should be referred. With the concurrence of the Hospitals a uniform procedure was established to replace the unco-ordinated arrangements which previously existed at the Hospitals for dealing with "bookings."

In addition to the Consultant Clinics referred to in the previous paragraph, the majority of the Hospitals have now made arrangements

under which all "booked" cases attend at the Hospital for at least one ante-natal examination, including the normal cases which only require admission on account of unsuitable home conditions.

The total number of cases admitted during the year was 1,763 ; of these, 373 were admitted on account of anticipated complications of maternity and 1,390 owing to the home conditions being unsuitable for confinement.

Provision of Maternity Outfits.

Sterilised maternity outfits or packets of maternity pads were issued for domiciliary confinements on the certificate of a Health Visitor or the midwife engaged ; the number of outfits so issued amounted to 3,570 and 636 packets of maternity pads were supplied.

Loan of Elastic Bandages.

The scheme for loaning elastic bandages to expectant mothers on the recommendation of the Ante-Natal Medical Officers was continued but only four applications were dealt with during the year. This is no doubt accounted for by the fact that such appliances are now available through the National Health Service.

Birth Control.

The arrangements for financial assistance to be afforded to enable selected cases to receive contraceptive advice and appliances at the Nottingham Women's Welfare Centre, and the Clinics at Orchard Place, Sheffield, Wood Street, Doncaster, and at the Child Welfare Centre, Mansfield, were maintained.

Maternal Deaths.

Five maternal deaths occurred during the year and were located as follows :—

SANITARY DISTRICT					CAUSE OF DEATH	
					SEPSIS	OTHER
Arnold Urban	..	..	..	..	1	—
Beeston and Stapleford Urban				..	—	1
Carlton Urban	..	..	..	..	—	1
Mansfield Woodhouse Urban				..	—	1
Newark Rural	..	..	..	..	—	1
TOTALS					1	4

Premature Infants.

The arrangements made in 1946 for the care of premature infants were continued and are now, of course, available over the whole county. The arrangements provide for the services of a paediatrician, if required by the medical practitioner in attendance, and the loan of special cots and equipment in cases where the child can be nursed adequately at

home. In cases where hospital treatment is considered necessary provision has been made for the child to be transferred in a heated ambulance.

During 1949, two hundred premature babies were born at home, and three hundred and twenty-two were born in hospital. Of those born at home, thirty-one were subsequently admitted for hospital treatment.

The Pre-School Child.

The scheme for the ascertainment and follow-up of defects in children under school age was continued and every assistance was afforded in securing any necessary treatment under the National Health Service in those cases where the arrangements could not be made directly by this Department.

Chronic Tonsils and/or Adenoids.

The arrangements for pre-school children to be referred for operative treatment to the Nottingham Children's Hospital, Mansfield, Newark, Retford and Worksop General Hospitals and the Worksop Kilton Hospital were continued and forty-four cases were admitted. This comparatively low number was due to the cessation of admissions for four months as a precautionary measure owing to the incidence of poliomyelitis in the area.

Orthopaedic Treatment.

Treatment for orthopaedic defects was undertaken at the various Orthopaedic Clinics now administered by the Regional Hospital Board. During the year three hundred and eighty-eight children were referred to these Clinics by the Medical Officers of the Child Welfare Centres.

Child Life Protection.

The supervision of children under the provision relating to Child Life Protection continued to be undertaken by this Department until the 5th May, 1949, when the establishment of the Children's Department completed. There were the names of forty-eight children on the register at the date of transfer.

Adoption of Children.

This Department also continued to undertake the investigations in connection with applications for the adoption of children until the 1st May, 1949, when the Children's Officer was able to take over these duties. During the four months concerned twenty-one investigations were conducted and Adoption Orders were made by the Courts in each case.

Boarded-Out Children.

At the request of the Children's Department, the Health Visitors continued to investigate the home conditions of applicants who wished to undertake the duties of foster parents. Ninety-four such applications were dealt with and detailed reports submitted in each case.

Daily Guardians Scheme.

The arrangements for the registration and payment of women suitable and willing to undertake the care of children while their mothers are at work were continued during the year.

Cases on Register at 1st January, 1949	..	..	74
New cases approved	..	..	60
Cases discontinued	..	..	78
Cases on Register at 31st December, 1949	..	..	56

Day Nurseries.

The nine Day Nurseries were continued and preliminary steps were taken with the view to increasing the provision in the Beeston and Stapleford Urban District where the demand for female labour is exceedingly heavy.

The average attendances at the Nurseries were as follows :—

					Under 2 years	2-5 years
Beeston	..	..	..	..	15	29
Carlton	..	..	..	..	6	12
Eastwood	..	..	..	..	5	14
Harworth	..	..	..	..	8	12
Mansfield (Bull Farm)	..	..	..	..	10	26
„ (Ravensdale)		..	..	..	7	20
Newark	..	..	..	..	9	25
Stapleford	..	..	..	..	18	38
West Bridgford	..	..	..	..	5	15

Dental Care of Expectant and Nursing-mothers and of Children Under School Age.

The Report for the year 1948 conveyed that during that year it was impossible, owing to shortage of Dental Officers, to implement the arrangements formulated by the Local Health Authority and approved by the Ministry of Health in connection with the provision of dental care for expectant and nursing-mothers and pre-school children.

The very serious shortage of Dental Officers continued during the whole of 1949, and so, once again, it is necessary to have to report that the approved Dental Scheme was only partially implemented. The approved establishment of Dental Officers for all purposes is

twenty-four, but at no time during 1949 were more than seven Dental Officers employed, and for the major part of the year the services of only six Dental Officers were available. According to the approved policy, the dental staff should devote an amount of time equivalent to five whole-time Dental Officers to the dental needs of mothers and pre-school children, but it is obvious that when the total available staff consists of only six whole-time Dental Officers, the extent of the service which can be given to mothers and pre-school children has to be very drastically curtailed.

The available services were, as far as possible, spread evenly, but very thinly, throughout the whole of the administrative area. On numerous occasions the planned work of a session was seriously interfered with by the unexpected attendance of school-children suffering from toothache, and in spite of the duration of the sessions being prolonged in order to try to accommodate all of the patients who attended, there were instances when considerable inconvenience was caused to expectant mothers who could not be given adequate treatment owing to the prior claims of children with toothache.

Of necessity, the general policy which had to be adopted, whenever practicable, was that of advising expectant and nursing-mothers to endeavour to seek their necessary dental treatment through the agency of private practitioners working under the National Health Service Scheme, and in several of the urbanised areas this procedure worked successfully. Difficulties, however, were experienced in regard to the provision of dental treatment for children under school age, as it proved impossible to find an adequate number of private practitioners who would undertake treatment for these "toddlers." This is illustrated by the fact that although only 283 children under school age were referred to the dental staff by Assistant County Medical Officers or by Health Visitors, the actual number of pre-school children treated by the Dental Officers was 504, the difference being accounted for by the fact that the parents of these young children were directed to the Dental Officers by private dental practitioners who did not desire to undertake the necessary treatment for them.

In regard to the supply, where necessary, of artificial dentures, it was not found possible, during the year under review, to establish the approved County Council dental laboratory, and so continued use was made of the procedure by means of which an independent firm of dental technicians carried out the construction of dentures required by County Council patients.

In regard to facilities for the taking of dental X-ray photographs, there is a dental X-ray unit in each of seven permanent dental clinics. These seven clinics are located at strategical points throughout the County, with the result that any expectant or nursing-mother or pre-school child requiring dental X-ray photographs may have them taken at short notice and without the inconvenience of lengthy journeys. Many such X-ray photographs were taken during the progress of routine treatment, but records of the actual numbers taken were not kept.

The following statistical table indicates that in spite of the serious shortage of staff a fair amount of treatment was accomplished but, unfortunately, the table can give no indication of the amount of treatment which had to be left undone.

(a) Numbers provided with dental care.

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers ..	678	676	380	435
Children under five ..	504	504	504	504

(b) Forms of dental treatment provided.

	Extractions	Anaesthetics		Fillings	Scalings or Scalings and gum treatment	Silver Nitrate treatment	Dressings	Radiographs	Dentures provided	
		Local	General						Complete	Partial
Expectant and Nursing Mothers	2135	352	28	556	676	—	—	*	201	130
Children under five	798	572	32	368	—	—	121	*	—	—

* Numbers not recorded.

MIDWIFERY (Section 23).

The Nottinghamshire County Council are the Local Supervising Authority for the whole administrative County.

During the year 242 Midwives notified their intention to practise in the County area, five of these restricting their activities to maternity nursing only.

Supervision is normally carried out by the whole-time non-Medical Supervisor of Midwives, Miss M. K. Collins, the part-time non-Medical Supervisor of Midwives, Miss R. E. Hermes, and by Dr. Black in special cases. Four hundred and seventy-eight visits and 2,478 investigations into abnormal cases were made during the year.

Suspension from practice in order to prevent the spread of infection was necessary in the case of twenty-one Midwives, *i.e.*, County Midwives—ten, District Nurse-Midwives—eleven.

In 1949 medical aid was sent for in 1,442 cases, 1,415 by Domiciliary Midwives and 27 by Midwives practising in Hospitals or Institutions.

The number of claim forms submitted by Medical Practitioners was 830, claiming fees amounting to £2,548 16s. 3d.

Other statutory notices were received from Midwives as follows :—

Notification of Stillbirths	.	.	.	.	77
Do. Death of Child	.	.	.	.	43
Do. Laying out the Dead	.	.	.	.	8
Do. Liability to be a Source of Infection	.	.	.	.	151
Do. Artificial Feeding	.	.	.	.	437
TOTAL					716

Eye Discharge in the Newborn.

One hundred and seventeen cases of inflammation of, or discharge from, the eyes of new-born infants were notified, seventeen being also notified as Ophthalmia Neonatorum.

Every case attended by a Midwife was inquired into immediately by a Supervisor (Non-Medical) of Midwives, and was subsequently followed-up by a Health Visitor.

Nine cases received hospital treatment and unimpaired vision resulted.

Puerperal Pyrexia.

Twenty-four cases of Puerperal Pyrexia were notified during the year, as follows :—

<i>Domiciliary Confinements</i>	<i>Institutional Confinements</i>
18	6

Of the eighteen confined at home, eight were subsequently admitted to hospital for treatment. All made good recoveries.

Agency Arrangements with Nottinghamshire Nursing Federation and District Nursing Associations.

The Nottinghamshire Nursing Federation and the affiliated and associated District Nursing Associations have continued throughout the year to provide midwifery services on behalf of the County Council under the Agency arrangements which were described in the last Annual Report.

The number of District Nursing Associations involved in this Service was fifty-four, but one Association ceased to function during the year, as described in that section of this Report which deals with Home Nursing.

The sixty-three Nurse-Midwives employed by these Associations attended 1,760 confinements during the year, and their services represented the equivalent of twenty-seven full-time Midwives.

The statutory supervision of the midwifery work of these Nurse Midwives was carried out by the medical and non-medical Supervisors of the Nottinghamshire County Council; the Superintendent and Assistant Superintendent of the Nottinghamshire Nursing Federation continuing to exercise administrative supervision only.

The comments which appear in the section of the Report dealing with Home Nursing on such matters as housing, the provision of motor cars and garages, superannuation, and administration generally, apply equally to the Midwifery Service as provided by the District Nursing Associations.

The fact that a District Nurse is also a Midwife perhaps enhances the necessity for adequate housing accommodation. Lodgings are almost impossible to find and, in any case, the nature of her professional work makes a Midwife a somewhat difficult lodger. She requires accommodation where she can interview her patients in reasonable privacy: she receives personal and telephone calls day and night from those who require her services: she is always on duty: and in general her conditions of work are such that she must inevitably cause unavoidable inconvenience. Moreover, the nature of her work demands scrupulous attention to personal hygiene and she should therefore be provided with accommodation with such necessary amenities readily available as a bath and hot and cold water. Nor must it be forgotten that in these days the District Nurse-Midwife is quite often a married woman with a husband and perhaps a family. In these circumstances it is obviously desirable that every Nurse-Midwife should have her own house or flat. (The Nurses' Home, accommodating a number of District Nurse Midwives living in community, is not popular). There are, however, some Midwives who for many years have uncomplainingly put up with housing accommodation which has lacked the amenities referred to above. Their younger successors are not disposed to submit to such conditions, and unless good housing accommodation is available vacancies, when they occur, are difficult, if not impossible, to fill.

Similarly the provision of a motor car is even more essential for a Midwife than for a Nurse engaged in Home Nursing duties only, and particularly for the increasing number of Midwives qualified in the use of gas and air analgesia apparatus, which can only be satisfactorily transported in a motor car.

County Midwives.

The number of whole-time Midwives employed directly by the County Council at the end of 1949 was sixty-four. Efforts were made during the year with the view to bringing the number of midwives up to the full establishment of seventy-one but although six appointments were made these were nullified to some extent by the resignation of

four County Midwives. Despite some difficulties which had to be overcome in affording relief, particularly during the holiday period, the whole of the area was adequately covered during the year and it was possible to implement in the main the recommendations of the Midwives' Salaries Committee concerning conditions of service.

The following is a summary of the work done by the County Midwives during the year :—

VISITS.

Ante-Natal	..	Home	..	..	..	28,451
		Clinic	..	..	..	7,860
Deliveries—Midwifery	..			2,746		
Maternity	..			883		
				—		3,629
Lying-in	..		..	..		64,063
						<hr/> 104,003 <hr/>

Analgesia Administrations .. 1,163.

Transport.

Fifty-one of the County Midwives use motor-cars for the purpose of carrying out their duties and a further County Midwife uses an auto-cycle ; the remainder normally use bicycles but hire cars when necessary for emergency or long distance cases. Travelling allowances are paid in accordance with the County Council's scales. Assistance in purchasing cars under the Council's Car Purchase Scheme was authorised in ten cases and the arrangements made by the Ministry of Health with the motor industry proved most helpful in accelerating the delivery of cars.

Gas and Air Analgesia.

Three County Midwives and six District Nurse-Midwives received training in the administration of gas and air analgesia at the Basford Highbury Hospital during 1949 and three County Midwives and five District Nurse-Midwives were successful in passing the examination.

At the end of 1949 there were one hundred and thirteen Midwives qualified to administer gas and air analgesia ; of these sixty-one were County Midwives and fifty-two District Nurse-Midwives.

Sixty-one County Midwives and fifty District Nurse-Midwives were in possession of a Minnitt Gas-Air Apparatus at the end of 1949 and to ensure a high standard of safety and efficiency of the equipment a scheme was established for the quarterly maintenance of this apparatus by skilled engineers.

HEALTH VISITING (Section 24).

The efforts to increase the establishment of Health Visitors by normal recruitment and through the Pupil Health Visitors' Training Scheme arranged in conjunction with the Nottingham University and the Nottingham City Authorities, were nullified by loss of existing staff owing to retirements and resignations.

Of the two Superintendent Health Visitors and sixty-six Health Visitors on the staff at the 1st January, 1949, one Superintendent and eight Health Visitors resigned during the year, and a further Health Visitor was lost to district work on being promoted to fill the Superintendent vacancy. Two Health Visitors were obtained by normal recruitment and the Training Scheme provided seven Health Visitors who qualified during the year, together with one candidate who, having failed the examination, was employed as a Clinic Nurse pending an opportunity to sit for the examination again. Therefore, the position at the end of 1949 was the same as at the beginning of the year apart from the addition of one Clinic Nurse.

It was accordingly impossible to lower the ratio of births per Health Visitor as had been intended but every effort was made to allow additional time for home visiting which was necessary if the extended duties required by the National Health Service Act, 1946, were to be properly carried out.

Notwithstanding the difficulties outlined above, the home visiting undertaken during the year was reasonably satisfactory as the following figures show :—

First Visits to Infants	9,911
First Visits to Children	1,912
Re-visits to Infants	36,994
Re-visits to Children	90,204
Visits to Expectant Mothers	8,525
Visits to Post-Natal Mothers	934
General Health Visiting	1,312
	<hr/>
TOTAL VISITS ..	149,792
	<hr/>

The cases in which the Health Visitors were consulted on General Health Visiting matters covered a large field as is indicated in the following table :—

Age and Infirmary	22	Heart Complaints	7
Obesity	2	General Debility	5
Congenital Deformity	5	Nervous Conditions	10
Spinal Conditions	3	Epilepsy	3
Deafness	2	Paralysis	13
Dental Conditions	1	Stroke	5
Defective Vision	4	Muscular Trouble	2

Glandular Conditions ..	4	Blood Complaints ..	14
Infectious Diseases ..	60	Skin Diseases ..	20
Tonsillitis ..	8	Mental Defectiveness ..	4
Bronchitis ..	3	Gastric Trouble ..	8
Influenza ..	2	Diabetes ..	1
Pneumonia ..	12	Prolapse ..	3
Rheumatism ..	9	Post-Operative Care ..	17
Tuberculosis ..	7	Wounds and Accidents ..	12
		Miscellaneous Troubles ..	5

HOME NURSING (Section 25).

The arrangements for the provision of a Home Nursing Service which were fully described in the Annual Report for the year 1948 continued to operate successfully throughout the year 1949. The number of District Nursing Associations participating in the Service was, however, reduced from seventy-three to seventy-two, as unfortunately one Association found themselves unable to accept the conditions imposed by the County Council. Despite this withdrawal, continuity of service in the area of this Association has been fully maintained, the Nottinghamshire Nursing Federation having assumed the responsibility for the administration of the Service in the area. Another Association may be described as in a state of suspended animation, owing to the resignation (not through any disagreement with the County Council) of the Honorary Officers and Committee; but it is hoped to form a new Committee and appoint new Honorary Officers in due course. In the meantime the affairs of this Association are also being looked after by the Federation.

There has been no perceptible improvement in the overall staffing position during the year, and from the statistical information appended it will be observed that the staff is still numerically very considerably short of the standard laid down in the County Council's Proposals. It is understood that a standard of one nurse per 4,000 of population is now regarded by the Ministry of Health as higher than is warranted by the circumstances of the present time; but that standard has, nevertheless, been declared in their Proposals to be the County Council's aim; and these Proposals, having been approved by the Ministry, have statutory force. The aim, therefore, remains although at present it may be impossible of achievement.

It is noteworthy that the County Council during the year gave their approval to the employment of Male Nurses in this Service. Two male Nurses are in fact now working in the County, one at Carlton, in the south, and the other at Worksop, in the north. Their services have proved of very great benefit, particularly to male patients suffering from genito-urinary conditions.

The housing problem is still the most formidable obstacle to the maintenance of an adequate Home Nursing staff. During the year five Nurses were provided with housing accommodation in Council houses, and the sympathetic co-operation of the Housing Authorities

concerned is most gratefully acknowledged. It would, however, be of the utmost advantage to the Service if, instead of allocating a house to a particular Nurse, the Housing Authority were empowered to allocate the house to the employing body, so that it could always be available for the use of any District Nurse serving the area. There is no difficulty in filling vacancies where a house is available, as is evidenced by the fact that in one case where the advertisement indicated that suitable housing accommodation could be provided there were no less than sixteen very good applicants for the vacant post.

A further point of importance is that if the Nurse is the tenant she must be regarded as having found her own housing accommodation and liable, therefore, to pay the full rent; whereas if her employing body provide her with unfurnished accommodation she is only liable to the extent of ten shillings a week. This anomaly re-acts unfairly against certain Nurses, who find themselves in the position of having to pay perhaps twice as much rent as their colleagues for exactly similar housing accommodation. The Ministry of Health have been made aware of the position, and it is hoped that some action will ensue which will have the result of removing the anomaly.

In three cases during the year the County Council decided to exercise their powers under the National Health Service Act, 1946, and themselves provide housing accommodation for District Nurses. In another case they provided all the requisite furniture for a house allocated to a District Nurse by a Housing Authority.

In these days a motor car is regarded as an essential part of a District Nurse's equipment and in four instances the County Council have provided garages at the District Nurses' houses for their cars. In all cases the garages were supplied by Sherwood Industries.

The advantages of the Assisted Car Purchase Scheme available to Officers of the County Council are equally available to District Nurses employed by Voluntary Organisations who undertake Home Nursing and Midwifery Services on behalf of the County Council. A number of District Nurses authorised to use motor cars in the course of their professional duties have purchased their own motor cars under these arrangements during the year.

The County Council have themselves purchased two motor cars during the year for the use of District Nurses.

A number of District Nurses have benefited from the priority arrangements described in Circular 21/49 which were made by the Ministry of Health with the motor industry in connection with the supply of cars to Domiciliary Midwives.

The repair of motor cars provided for the use of District Nurses has involved the County Council in considerable expense during the year. It is evident that more adequate arrangements for inspection and servicing are needed, and towards the end of the year initial steps were taken to that end.

The Nottinghamshire Nursing Federation who are responsible for the administration of the Home Nursing Service as the County Council's Agents, had for many years been inadequately housed ; but in the early part of the year they were able to rent suitable office accommodation at 95 Goldsmith Street, Nottingham. This had the effect of taking the administrative work of the Federation away from the living accommodation provided for the County Superintendent and her Assistant, and it was hoped that it would facilitate the appointment of the Second Assistant Superintendent as approved by the County Council. It had, however, not been possible by the end of the year to find a suitable applicant to fill this appointment.

The " Nursing Times " of the 2nd February, 1949, contained a very interesting account of a useful piece of co-operation between the Federation and the Preliminary Training School of the Nottingham General Hospital. Arrangements were made between the Hospital and the Federation whereby each Student Nurse in the Preliminary Training School did a round of duty with a District Nurse. Co-operation on these lines will undoubtedly serve to give the Student Nurses a wider appreciation of the ramifications of Nursing, and it is hoped by this means to stimulate interest in Home Nursing and aid recruitment to the Home Nursing Service.

By agreement with the Federation and the District Nursing Associations concerned, the County Treasurer has made arrangements to calculate the salaries due to the District Nurses and draw the necessary cheques for transmission to the Nurses through the Honorary Treasurers. This arrangement will relieve the Officers of the Associations of a good deal of complicated clerical work which some of them were finding irksome and difficult. No pressure has been put upon any Association to hand this work over to the County Treasurer, and a number of Associations have elected to retain the work in their own hands.

A uniform system of accounting for moneys disbursed by the Associations on behalf of the County Council is now in operation.

The admission of District Nurses employed by voluntary organisations to the County Council's superannuation arrangements has been the subject of a good deal of consideration during the year. A number of the Nurses had spent many years in the service of the employing voluntary organisations, and if this service was to be taken into account in connection with superannuation the payment of considerable sums of money into the Superannuation Fund was necessary, but the Ministry of Health ruled that payments made by the County Council on this account would not rank for grant. After some deliberation the County Council decided that it would be unfair not to give the Nurses credit for their previous service, and they accordingly agreed to meet themselves the whole of the heavy cost involved, leaving it to those District Nursing Associations who had private funds to contribute as they thought fit. It is pleasing to report that a number of District Nursing Associations have made contributions in this way to the County Council's Superannuation

Fund, and the suggestion is commended to the consideration of any other Association with funds at their disposal who have not already made a contribution.

An analysis of the statistical information relating to the year 1949 is set out below, with figures for the period from the 5th July to the 31st December, 1948, in brackets for comparison.

It will be observed that, without any appreciable increase in staff, the work performed, as shown by the number of cases attended and visits paid, was proportionately more extensive in 1949 than in 1948.

There is evidence of a need for some rationalisation of the Service so as to relieve some of the Nurses working in the more densely-populated urban parts of the County. It appears on paper that some of the Nurses working in the thinly-populated rural areas could undertake more work without undue strain; but in this connection figures alone are not an altogether reliable guide. Account must also be taken of the long distances which many of the Nurses have to travel.

It is obvious that the night service to which reference was made in the County Council's Proposals cannot become an accomplished fact until more Nurses are available. Actually there has been hardly any demand so far for a service of this sort.

Appreciation is expressed of the co-operation during the year of the Nottinghamshire Nursing Federation, the District Nursing Associations, and their Honorary Officers, and particularly to Miss A. M. L. Joyner, M.B.E., the County Superintendent of the Nottinghamshire Nursing Federation, on whom the major burden of responsibility for the Service has fallen.

The Home Nursing Service is an integral part of the National Health Service, and the best evidence of the appreciation of the public of the valuable work of the District Nurses is their increasing use of the Nurses' services.

Home Nursing Statistics, 1949.

(Figures in brackets relate to the period 5th July—31st December, 1948)

Total No. of Cases attended	8,387	(3,828)
Average No. of Cases attended per equivalent of whole-time Nurse	106	(50)
Total No. of Visits paid	208,000	(89,293)
Average No. of Visits paid per equivalent of whole-time Nurse	2,633 (or 51 per week)	(1,175) (or 45 per week)
Average No. of Visits paid per Case	25	(23)
Equivalent of Whole-time Staff employed in Home Nursing	79‡	(76)

Equivalent of Whole-time Staff required on basis laid down in County Council's Proposals (1 per 4,000 population—County population mid-1948—518,300*)	130	(126)
Extent to which Existing Staff falls short of requirements (expressed as equivalent of Whole-time Nurses)	51	(50)
Ratio of Existing Staff to Population (expressed as equivalent of Whole-time Nurses)	1 per 6,651	(1 per 6,654)

‡The total number of individual nurses (excluding administrative and supervisory staff) employed in the Service at 31-12-49 was 106. Of these 43 were engaged full-time in Home Nursing and 63 gave part of their time to Midwifery. The time devoted to Home Nursing by these 63 Nurse-Midwives was equivalent to the services of 36 full-time Home Nurses.

*Estimated increase of population 1947-8 was 12,610.

VACCINATION AND IMMUNISATION (Section 26).

Diphtheria Immunisation.

The Council continued during 1949 to use the services of District Medical Officers of Health, acting as their agents on agreed terms, for the organisation and conduct of approved sessional arrangements and re-imbursed to the several District Councils the whole of the approved cost involved. The Council's medical and nursing staffs also assisted in the work where necessary, individual immunisations being carried out at ordinary Child Welfare or School Clinic sessions, all of which premises are equipped for the purpose.

In addition, the opportunity to serve under these arrangements continued to be extended to all general medical practitioners in the county area and at 31st December, 1949, one hundred and eighty-eight practitioners were participating in the Councils' scheme.

The following table shows the estimated population of children under five and aged five to fourteen, and the number of children in these two age groups who had completed a full course of immunisation at any time up to 31st December, 1949, in each of the county districts:—

DIPHTHERIA IMMUNISATION, 1949.

DISTRICT.	ESTIMATED POPULATION.			No. OF CHILDREN IMMUNISED AT ANY TIME UP TO 31/12/49.		
	0-4 yrs.	5-14 yrs.	Total (under 15)	0-4 yrs.	5-14 yrs.	Total (under 15)
Urban Districts.						
Mansfield (Borough)	4,439	6,903	11,342	2,186	6,307	8,493
Worksop (Borough)	2,990	4,816	7,806	1,325	—*	1,325*
Newark (Borough)	1,916	2,944	4,860	1,100	2,734	3,834
East Retford (Borough)	1,391	2,138	3,529	686	2,292	2,978
Arnold ..	1,935	2,837	4,772	1,231	2,910	4,141
Beeston and Stapleford	4,700	6,988	11,688	2,547	6,353	8,900
Carlton	3,051	4,416	7,467	1,832	3,958	5,790
Eastwood	924	1,366	2,290	471	1,026	1,497
Hucknall	2,197	3,435	5,632	1,047	—*	1,047*
Kirkby-in-Ashfield	1,841	2,982	4,823	1,060	2,748	3,808
Mansfield Woodhouse	1,773	2,772	4,545	754	2,011	2,765
Sutton-in-Ashfield	3,572	5,812	9,384	2,464	5,797	8,261
Warsop	1,059	1,674	2,733	672	1,186	1,858
West Bridgford ..	1,732	2,707	4,439	868	1,542	2,410
TOTAL (Urban Districts)	33,520	51,790	85,310	18,243	38,864	57,107
Rural Districts.						
Basford	4,333	6,747	11,080	2,417	5,543	7,960
Bingham	1,482	2,302	3,784	759	1,604	2,363
Worksop	1,538	2,517	4,055	977	2,512	3,489
East Retford	1,693	2,744	4,437	883	2,794	3,677
Newark	916	1,592	2,508	515	1,473	1,988
Southwell	3,388	5,678	9,066	2,013	5,846	7,859
TOTAL (Rural Districts)	13,350	21,580	34,930	7,564	19,772	27,336
WHOLE COUNTY—GRAND TOTAL	46,870	73,370	120,240	25,807	58,636	84,443

*Complete figures not available.

The figures for the Urban Districts, Rural Districts and the County as a whole expressed as percentages are as follows :—

	PERCENTAGE OF CHILDREN UNDER 15 YEARS IMMUNISED UP TO 31ST DECEMBER, 1949.		
	0-4 years.	5-14 years.	Total (under 15 years).
*Urban Districts	54.4	89.3	74.1
Rural Districts	56.6	91.6	78.3
Whole County	55.0	90.0	75.4

* NOTE : Excluding two Districts for which complete figures not available.

Diphtheria—Notifications and Deaths.

Four children under the age of fifteen years were notified in the County during 1949 as suffering from Diphtheria and it was found that of these one child had completed a full course of immunisation.

There were no deaths from Diphtheria during 1949.

Vaccination against Smallpox.

The same methods and procedure as outlined under the heading "Diphtheria Immunisation" have applied to Smallpox Vaccination and particulars of the work carried out in the several County Districts during 1949 are as set out in the following table :—

VACCINATION AGAINST SMALLPOX.

DISTRICT	NUMBER VACCINATED.					NUMBER RE-VACCINATED.				
	Under 1 year	1—4 years	5—14 years	15 years and over	TOTAL	Under 1 year	1—4 years	5—14 years	15 years and over	TOTAL
Urban Districts.										
Mansfield (Borough) ..	62	75	5	12	154	—	—	2	15	17
Worksop (Borough) ..	71	48	11	5	135	—	—	4	12	16
Newark (Borough) ..	64	36	2	3	105	—	—	—	2	2
East Retford (Borough)	14	12	1	—	27	—	8	—	1	9
Arnold ..	123	33	7	17	180	—	—	—	23	23
Beeston and Stapleford	212	51	17	29	309	8	2	5	33	48
Carlton ..	98	70	5	9	182	—	—	—	9	9
Eastwood ..	17	13	3	1	34	—	—	1	3	4
Hucknall ..	51	60	3	5	119	1	1	—	—	2
Kirkby-in-Ashfield ..	49	16	—	6	71	—	—	—	—	—
Mansfield Woodhouse ..	50	1	1	6	58	—	—	—	—	—
Sutton-in-Ashfield ..	94	44	2	6	146	—	1	2	14	17
Warsop ..	27	33	3	—	63	—	—	1	8	9
West Bridgford ..	78	54	5	—	137	—	—	1	8	9
TOTAL (Urban Districts)	1,010	546	65	99	1,720	9	12	16	128	165
Rural Districts.										
Basford ..	131	64	4	1	200	—	2	3	10	15
Bingham ..	38	30	3	2	73	—	—	—	10	10
Worksop ..	15	31	4	6	56	—	—	1	2	3
East Retford ..	43	30	4	1	78	—	1	3	3	7
Newark ..	32	18	—	3	53	—	—	3	16	19
Southwell ..	117	110	12	8	247	—	—	1	14	15
TOTAL (Rural Districts)	376	283	27	21	707	—	3	11	55	69
Whole County— GRAND TOTAL	1,386	829	92	120	2,427	9	15	27	183	234

Preparations have been made for issuing advice and information and for securing any necessary vaccination or re-vaccination of those involved or likely to be involved in the event of an outbreak of Smallpox.

Inoculation against Whooping Cough.

The arrangements for Whooping Cough inoculation which existed in three County Districts prior to 5th July, 1948, have continued during 1949 to the extent indicated below :—

DISTRICT	No. of children who completed a course of inoculation during the year ended 31st December, 1949.			
	Under 1 year	1-4 years	5-14 years	TOTAL
Mansfield (Borough)	79	202	4	285
Kirkby-in-Ashfield .. (Urban District)	50	138	11	199
Sutton-in-Ashfield .. (Urban District)	59	86	8	153
TOTALS ..	188	426	23	637

In the absence, however, of any evidence that the procedure is as effective as one would wish it has not yet been considered advisable to introduce this measure throughout the whole county area.

AMBULANCE SERVICE (Section 27)

During the year 66,468 calls were made involving 80,922 patients and the travelling of a total of 877,765 miles by the ambulances and cars of the Ambulance Service. Of the 66,468 calls made, 9,224 were in respect of accidents and other emergencies. The work showed a steady increase during the year, the average daily number of patients carried increasing from 168 in January to 258 for the last six weeks of the year (an increase of 53.5%). The daily mileage increased from 1,849 miles to 2,577 miles during the same periods (an increase of 39.3%).

The following table shows the work undertaken by each of the Main Stations, Sub-Stations and Depots during the year :—

STATION, SUB-STATION OR DEPOT	CALLS	PATIENTS CARRIED	TOTAL MILEAGE
NOTTINGHAM GROUP STATION :—			
Arnold Depot	2,992	3,256	23,691
Beeston Depot	6,446	6,729	75,981
Carlton Depot	3,487	4,572	49,097
Hucknall Depot	3,630	5,649	59,541
West Bridgford Depot ..	3,935	4,942	62,575
Eastwood Sub-Station ..	1,943	2,579	27,692
Kirkby-in-Ashfield Sub-Station..	2,412	3,173	32,057
Ruddington Sub Station ..	1,589	1,949	22,195
Southwell ,, ..	816	1,094	15,550
MANSFIELD MAIN STATION :			
Bilsthorpe Sub-Station	1,044	1,256	16,904
New Ollerton ,, ..	1,918	2,267	22,540
Warsop ,, ..	564	617	5,531
NEWARK MAIN STATION ..	5,289	5,992	71,688
RETFORD MAIN STATION ..	3,256	3,383	80,642
WORKSOP MAIN STATION ..	6,287	7,286	86,488
Harworth Sub-Station	1,936	2,546	20,738
TOTALS ..	66,468	80,922	877,765

Vehicles.

The approved establishment of vehicles is forty-two ambulances and thirteen cars. At the beginning of the year the ambulance vehicle strength was forty-three ambulances and nine cars; many of these vehicles were over ten years old, one ambulance being in its twenty-first year. During the year six 16 h.p. Austin Welfarer, seven 27 h.p. Bedford and one 25 h.p. Morris Commercial new ambulances, and a further four 16 h.p. Austin cars were purchased, and one old ambulance was taken over from a Local Authority. Eight obsolete ambulances and two cars were sold, and a further nine old ambulances were withdrawn from service prior to disposal. The vehicle strength at the 31st December, 1949, was forty-one ambulances and eleven cars. The acquisition of the new vehicles enabled the increasing number of calls to be dealt with efficiently and at the same time allowed older vehicles to be taken off the road for overhaul.

Staff.

On the 1st January, 1949, the total ambulance staff employed was 154 and by the 31st December, 1949, further staff had been recruited to bring the total to 167. These additional persons mainly comprised

Driver-Attendants and their employment resulted in the carrying out of the increasing work with a minimum of overtime.

The total approved establishment of the Ambulance Service, which includes provision for Stations not yet opened, as at the 31st December, was 202.

Tenders for the supply of new caps, uniforms and gabardine raincoats were accepted but the difficult supply position did not permit the supply of these items during 1949.

Stations and Premises.

1. BEESTON.

The Elite Garage, 216 Queen's Road, Beeston, was purchased on the 16th April, 1949, and on the 1st June the Beeston Ambulance Depot was transferred to the new premises.

2. BILSTHORPE.

The Agency Agreement with the Bilsthorpe Division of the St. John Ambulance Brigade did not materialise, the Division's ambulance being returned to the Home Ambulance Service. Pending the finding of accommodation the Bilsthorpe area was covered by the vehicles of the Mansfield Ambulance Station; the use of a garage in the Estates Yard, Bilsthorpe, was obtained and the Bilsthorpe Ambulance Sub-Station was re-opened on the 14th March, 1949.

3. SOUTHWELL.

The use of a garage at Burgage House was obtained and the Southwell Ambulance Sub-Station with one ambulance was opened on the 28th February, 1949.

4. WARSOP.

Accommodation for one ambulance was obtained at the Urban District Council's Yard and the Warsop Ambulance Sub-Station was opened on 22nd August, 1949.

5. HUCKNALL.

This Depot was, from the 5th July, 1948, to the 19th June, 1949, operated as a day station; additional staff were recruited and on the 20th June, 1949, the Hucknall Depot became a 24-hour Depot.

6. RETFORD.

The Retford and District Ambulance Committee gave notice to terminate the Agency Agreement with the County Council on the 1st October, 1949, and their ambulances and equipment were purchased at the District Valuer's valuation.

The Chief Fire Officer withdrew his offer of accommodation at the Retford Fire Station but it was possible to continue the tenancy of the garage in Exchange Street, Retford.

It was not possible to obtain accommodation at Bingham, Kimberley, Misterton and Tuxford and Sub-Stations at these four places were therefore not opened.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE (Section 28).

Tuberculosis.

Deaths.

During 1949 the number of deaths attributable to Tuberculosis was 212; 186 from Pulmonary Tuberculosis and twenty-six from other forms. The Pulmonary death rate per thousand of the population was 0.35 for the County compared with 0.40 for England and Wales, whilst the rate for all forms was 0.40 for the County and 0.45 for England and Wales.

New Cases and Mortality.

The number of new cases recorded during 1949 in the Registers of the Medical Officers of Health of County Districts and the number of deaths in the County due to Tuberculosis according to the Registrar General's statistics for the year were as set out in the following table :

AGE PERIODS	NEW CASES (including "Inward Transfers")				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0—1 ..	—	—	—	—	—	—	—	—
1—5 ..	4	9	7	7	1	1	6	4
5—15 ..	12	17	7	8	1	2	—	1
15—45 ..	157	145	4	19	54	72	3	7
45—65 ..	51	22	2	3	29	11	3	2
65 and over ..	9	8	—	3	12	3	—	—
TOTALS ..	233	201	20	40	97	89	12	14

Incidence—Pulmonary Tuberculosis.

The following table shows the incidence of Pulmonary Tuberculosis in the County over the past eight years :—

YEAR	* NO. OF NEW CASES INCLUDED IN ANNUAL RETURN TO MINISTRY OF HEALTH.			Rate per 1,000 of population
	Formal notification	Not notified before death	Total	
1942	393	22	415	0.84
1943	369	28	397	0.84
1944	388	16	404	0.85
1945	332	20	352	0.74
1946	352	22	374	0.75
1947	431	27	458	0.91
1948	425	15	440	0.85
1949	369	18	387	0.74

* Excluding "Inward Transfers."

B.C.G. Vaccination.

Towards the end of the year the Minister of Health approved a modification of the Council's existing Proposals under Section 28 of the National Health Service Act, 1946, to provide, within certain limitations and under controlled conditions, for B.C.G. vaccination against tuberculosis by the Chest Physicians who are employed jointly by the County Council and the Sheffield Regional Hospital Board.

It was not possible, however, to introduce the use of this vaccine before 31st December, 1949.

Shelters.

The number of shelters owned by the Council is twelve and all were in use during the year.

Home Visits.

The number of domiciliary visits made by Health Visitors during the year was 4,528 compared with 4,884 visits to tuberculous patients homes during 1948.

Co-operation with other Authorities.

Co-operation with the Regional Hospital Board by the joint appointment of medical specialists and the attendance at Dispensaries of the Council's Health Visitors and Almoners continued during the year.

County District Medical Officers of Health were also systematically provided with brief clinical particulars of each diagnosed case of tuberculosis and acquainted with the housing and environmental needs of tuberculous persons in their areas. They were also kept informed of all admissions to and discharges from hospitals and sanatoria.

Nottingham and Notts. Association for the Prevention of Tuberculosis.

The arrangements whereby the Council's preventive and care functions in relation to persons suffering from tuberculosis are carried out under agency arrangements by the Nottingham and Notts. Association for the Prevention of Tuberculosis, as described in my previous annual report, were continued during 1949, and for this service the Council continued to pay grant to the Association at the rate of £950 per annum.

The following is a report by the Association on their activities during the year :—

“ During the year 265 patients applied or were referred to the Association (103 of whom were referred to the National Assistance Board for monetary grants only) and the following statistics give details of the assistance given.

General Committee.

No. of patients who applied or were referred	191
--	----	----	-----

Nature of Assistance.

Referred to National Assistance Board for monetary grants.			119
Milk permits issued	..	..	34
Bed and bedding loaned	..	..	26
Clothing	..	..	26
Nursing requisites loaned	..	..	28
Care of children arranged	..	..	2
Assistance <i>re</i> National Insurance	..	..	9
Other forms of help	..	..	24
Investigated but no action necessary at the moment	..		9
Assistance <i>re</i> housing	..	..	2
Assistance towards accommodation	..	..	4
Assistance towards making application for pension	..		1
Requests from patients for advice, assistance or information			16
*Travelling expenses to visit Ransom Sanatorium	..		1
*Assistance <i>re</i> hire purchase payments	..	..	1

Mansfield Sub-Committee.

No. of patients who applied or were referred	37
--	----	----	----

Nature of Assistance.

Milk permits issued	..	..	1
Bed and bedding loaned	..	..	19
Clothing	..	..	6
Nursing requisites loaned	..	..	8
Other forms of help	..	..	2
Assistance <i>re</i> housing	..	..	2
*Travelling expenses to visit Kilton Hill Hospital	..		1

Newark and Southwell Sub-Committee.

No of patients who applied or were referred	14
---	----	----	----

Nature of Assistance.

Milk permits issued	..	..	15
Bed and bedding loaned	..	..	4
Care of children arranged	..	..	2
Other forms of help	..	..	2
Investigated but no action necessary at the moment	..		2

Worksop and Retford Sub-Committee.

No. of patients who applied or were referred	23
--	----	----	----

Nature of Assis'ance.

Milk permits issued	..	..	..	..	6
Bed and bedding loaned	..	..	..	..	10
Clothing	..	..	..	..	7
Nursing requisites loaned	..	..	..	..	6
Other forms of help	..	..	..	..	5

N.B.—* indicates assistance from voluntary funds.

In addition to the above eighty food parcels were delivered to patients throughout the County at Christmas.”

Sherwood Village Settlement.

The Council continue to maintain the Sherwood Village Settlement and the associated Sherwood Industries for the rehabilitation of tuberculous persons and the following is a report by the Medical Superintendent, Dr. E. Firth, on the work carried out during the year :—

“ The Woodworking Department, as always, absorbs the majority of the Settlers and it is pleasant to report a small expansion, an additional two settlers being taken on. Towards the end of the year definite steps were taken to set up a Cabinet-making Section, a project long desired and one which should provide considerable work and scope for expansion in future years.

Such a department will provide work for the less fit men and also opportunities of giving good training.

The Sectional building business has expanded in spite of timber difficulties and easily absorbed the settlers who were engaged in Cot manufacture when that section closed down—competition became too fierce to make a continued success of that department.

The Painting Department remained unchanged but as the year progressed it was clear that some of its personnel were failing and doubts grew as to the advisability of continuing this type of work.

The health of the settlers remained fairly steady, only two breaking down very badly, one of whom was admitted to the Ransom Sanatorium and improved sufficiently on treatment to give good hopes for his return to work ; the other settler returned home, where he died some months later.

During the year two settlers were admitted at the request of other Local Health Authorities and it is encouraging to find more interest in Settlements developing among Local Authorities—may it continue and increase a hundredfold.

The houses continue to be filled and at last a start has been made on the new houses ; three pairs are to be erected and there will be keen competition for the tenancies.

The children in the houses remain healthy, four of them have left school and started on their working career. The case of marital tuberculosis reported in 1948 has not progressed to any serious degree and no other new cases have developed.

The Hostel is unchanged and the settlers living there do so in comfort.

Statistics.

<i>Department</i>					<i>No. employed</i>
Woodwork	..	..	..	..	23
Painting	..	..	..	..	6
Sanatorium Porters	..	..	..	..	2

These figures show an increase of 3 as compared to 1948."

With the object of seeking the views of the seventeen Local Health Authorities in the area of the Sheffield Regional Hospital Board as to the proposed formation of a Joint Board for the future management of the Sherwood Village Settlement (as referred to in my previous Annual Report), a Conference was held at Nottingham in March, 1949, and representatives of the Authorities concerned unanimously resolved to recommend their respective Authorities to give favourable consideration to participation in the proposed scheme. Two of these Authorities subsequently notified their intention not to take part in the suggested formation of a Joint Board but the remaining Authorities were represented at a further Conference in July, 1949. A small Drafting Committee, representative of both County and County Borough interests, was then appointed and by the end of the year this Committee was busy with the preparation of a Draft Scheme to be considered by a further Conference.

Other types of Illness.

General Care and After-Care.

Arrangements for the care and after-care of persons on discharge from hospital or convalescent home whereby such cases are followed up by the Health Visiting or Almoner service to ascertain their precise need and to take appropriate action were continued, 280 cases of this type being dealt with during 1949.

Chronic Sick and Senile Patients.

Towards the end of the year, the Council also agreed to co-operate with the Sheffield Regional Hospital Board by arranging for Almoners or Health Visitors, as most appropriate, to investigate the home

circumstances of chronic sick and senile patients either awaiting admission to or discharge from hospital and reporting back to the hospital authority or bed bureaux concerned either as to the need for admission to hospital and the degree of urgency or whether adequate care and attention were available to the patient on discharge from hospital. Twenty-five of these cases were investigated by the Council's social workers between 6th December and 31st December, 1949.

Convalescence.

Although during 1949 no decision was taken as to the respective responsibilities of Regional Hospital Boards and Local Health Authorities in the matter of provision for convalescence, the Council's Almoners—who, by arrangement with the Sheffield Regional Hospital Board, include amongst their duties the regular visitation of certain hospitals in the county which are without Hospital Almoners—have advised and assisted a number of patients in obtaining suitable convalescence during the year as indicated :—

NO. OF CASES REFERRED DURING THE YEAR		NO. OF CASES FOR WHOM CONVALESCENT ACCOMMODA- TION WAS OBTAINED		No. of Cases who either made other arrangements or declined accom- modation offered
By Hospitals	By General Practitioners	At Regional Hospital Board Homes	At other Homes	
56	24	50	13	17

Loan of Nursing Equipment and Appliances.

The loan of nursing equipment and appliances to patients being nursed at home—either by the issue of the larger items direct from the Public Health Department or the loan, free of charge, of the smaller and more frequently needed items from the homes of District Nurse-Midwives—was also continued during 1949.

One hundred cases were assisted by loans direct from the Public Health Department during the year, appropriate loan charges being made in all but twenty-five cases where the circumstances were such as to warrant free issues under the Council's scheme. The items loaned were as follows :—

Air beds	..	..	..	23	Dunlopillo mattresses	..	14
Back rests	..	..	..	6	Male rubber urinal	..	1
Bed tables	..	..	..	1	Sectional mattress	..	1
Bedsteads, single size	..	..	..	3	Self-lifting poles	..	2
Crutches	..	..	(pairs)	3	Spinal carriages	..	5
Commodes	..	..	..	6	Wheel chairs—folding	..	38
Draw sheets	..	..	..	2	Do. “Merlin”	..	10

In respect of the smaller items of equipment, purchases were made during the year to equip all District Nurse-Midwives to the following standard scale :—

<i>Item</i>	<i>Scale per District Nurse-Midwife</i>
Air rings, rubber	4
Bedpans, " Perfection " type	3
Urinals, male	3
Mackintosh sheets	4
Feeding Cups	2
Sputum Mugs	2
Douche outfit	1
Steam kettle	1

Venereal Diseases.

Treatment of County Cases at all Centres.

The number of cases resident in the County who were dealt with for the first time during each of the years 1943-1949, together with the attendances made by all County cases at approved Treatment Centres up to 1948, according to the returns received from the Mansfield, Worksop, Nottingham and Out-County Centres were as follows :—

Year	NO. OF CASES DEALT WITH FOR THE FIRST TIME.						Total Attendances (All Cases)
	Syphilis	Gonorrhoea	Soft Chancre	Total Venereal Infections	Non- Venereal and Undiagnosed Conditions	Grand Total	
1943	116	296	7	419	526	945	23,800
1944	121	300	6	427	665	1,092	23,025
1945	159	340†	6	505	722	1,227	24,433
1946	227	445	7	679	856	1,535	24,791
1947	148	237	12	397	677	1,074	17,449
1948	162	243	10	415	844	1,259	17,194
				<i>Other Conditions</i> *			
1949	158	221		779		1,158	— *

* Amended form of Ministry of Health Return, 1949.

†Correction of mis-print " 349 " in previous Reports.

Source and Contact Tracing.

By arrangement with the Sheffield Regional Hospital Board the follow-up work formerly undertaken under Regulation 33B (which expired on 31st December, 1947) was continued by the County Almoner staff throughout the year in close collaboration with the Specialist Medical Officers at the Treatment Centres.

Miss I. M. Fraser, Senior County Almoner, left the County Service in February, 1949, and the vacancy thus created was filled by the

promotion of Miss B. B. Stewart, one of the two Assistant County Almoners. It was not until October, 1949, that another Assistant—Miss K. M. Daly—was appointed to complete the establishment of three Almoners so that this service was one-third below strength for eight months of the year. Fifty-nine visits were paid in connection with the follow-up of defaulters during the year and the following table gives particulars of the work undertaken in respect of cases referred to the Almoners for the first time during 1949 :—

	No. referred for the first time during the year	Number of visits paid	Number persuaded to attend	Number untraced	Number failed to attend
Contacts ..	7	8	3	2‡	2
Defaulters ..	29	36	21	—	8*

‡ Left district.

* 3 left district, 1 unable to attend.

Health Education.

Perhaps the surest indication of the progress of Health Education in the County is the steadily increasing demand for talks and film shows. The increasing demand made it obvious, early in the year, that the work could no longer be carried out successfully by one officer alone. The projected appointment of an assistant produced, however, many problems, for the work of the Health Education Officer in a Local Authority is peculiar in that it demands not only a wide range of knowledge and practice but also a particular type of personality, such that the intimate personal relationships frequently encountered can be satisfactorily resolved. The ability to be approachable to all the individuals of a given audience is inborn and probably cannot be produced even by extensive training. The breadth of knowledge and the personality factors required, therefore, narrowed the field of choice considerably in making such an appointment.

It was considered finally that the personality aspect was the more important and the knowledge required could be gained by constant contact with and informal teaching by Mr. Marrow. Ultimately, Mr. N. S. Wass was selected and appointed in July, 1949, for a probationary period of six months. At the time of writing this report Mr. Wass has served satisfactorily the probationary period and has now been appointed to the permanent staff. When fully-trained, and this will take time, the benefit of his help will be felt by the existing officer.

The personality aspect of the health educator is also an important component in the matter of Health Education in schools, and nowhere more than in the field of Sex Education. The introduction of Health Education in schools involves many problems, and it is quite impossible

to treat the matter as one of simple legislation and direction. Health Education is essentially concerned with the development of proper attitudes to living rather than with the acquisition of textbook knowledge, and the development of these attitudes requires so much more and earlier preparation on the part of both taught and teacher than can usually be provided in the school and training college. The appropriate attitudes to positive health are best developed in the environment of the family and the home, and particularly in the pre-school life of the child. Much education work in this field could and should be carried out by the parent before the child reaches school age. Such work is, of course, of the essence of good parenthood, though at present so many parents are only too willing to allow their responsibilities to fall on other shoulders. If this early work were done the schools could successfully continue the promotion of good health attitudes on an adequate basis provided by the parent.

It should also be realised that much health education is not necessarily suited to school tuition conditions, and the blunt fact has to be faced that only a minority of the teaching profession have the opportunity of acquiring an adequate physiological and psychological knowledge to carry out work that could be done in the field of Human Biology. It is even true to say that a professional training in formal Biology does not necessarily make the good health educator, and it is debatable whether some formal teaching in, for example, Sex Education by teachers having themselves a wrong attitude may not do some harm.

Bearing this in mind and also the fact that teachers are often asked questions not asked of parents, it was decided, in conjunction with the Education Department, to offer to interested teachers an experimental short course in Sex Education. This course was planned to assist teachers to answer the questions of individual children and to help to correct faulty attitudes. No part of the course was designed to assist the formal teaching of Sex Hygiene and it was emphasised that teaching of sex can never be but a part of the much wider field of Health Education. Some twenty-five teachers, men and women, attended this course of seven talks given by Mr. Marrow. In addition, the Teachers' Training Colleges at Daneshill and Eaton Hall also provided opportunity for several lectures of a similar nature. Whilst this may appear to be a slow, indirect method of Health Education, it is considered to be the only sound method in work of this nature.

The principle of unobtrusive teaching has been applied in the field of Food Infection and Hygiene. A part of every training course for School Meals Service Staff is allotted to the Health Education Staff to carry out some teaching in Kitchen Hygiene. May it again be repeated that it is felt that teaching of this kind is of much greater value than endless expensive exhibitions and the formation of numerous committees and guilds. The same training will be extended to the staffs of commercial catering establishments throughout the County area as the demand arises.

The education of parents is, and should be, a major element in Health Education policy. This has been carried out during the year

by talks to Parent-Teacher Associations and particularly to mothers at Child Welfare Centres, for during the latter part of the year it has been found possible to arrange short film shows each week at some Child Welfare Centres. Mothers are thus given the opportunity of seeing selected short films on Child Health when they would otherwise not be able to spare time to go to a longer evening meeting. Though most work of this kind is carried out to audiences of mothers it is, of course, none the less important that such work should be available for fathers. The difficulty here is not the availability of talks but availability of male audiences, particularly of young fathers. It should be clear, however, that there is no intention to provide classes to teach fathers to bath babies, to change napkins, or to make up feeds, for this is essentially the work of a mother and unfortunately much so-called "Parentcraft" for males fails dismally in that it attempts to make the male parent a substitute mother. A little thought will make it abundantly clear that each parent has different functions and that the two are complementary and not supplementary.

The range of work during the year has been extensive and tables later in the Report will show a detailed analysis. The following are approximate figures for percentages of the total range of talks.

Health Education (Aims and Methods)	4.3%
Growth in Child and Adolescent	7.4%
Maternity and Child Welfare	1.3%
Mental Health	3.0%
Sex Education	17.0%
General Health	34.0%
Prevention of Disease	17.4%
General Interest Topics	5.2%
Publicity	10.0%

Thus some seventy-two per cent. of the work done in talks and film shows was concerned with Positive Health, approximately eighteen per cent. was concerned with Prevention of Disease, whilst ten per cent. was concerned with Publicity of the Health Services. This may be regarded as satisfactory in view of the fact that so many people who should know better regard Health Education as another term for Publicity of Services or at best Prevention of Ill-Health.

The tables appended show some analysis of the year's work.

TABLE 1.

Meetings.

Total No. of Meetings	252
Do. Talks	229
Do. Film Shows	23
Do. Times Films used to illustrate Talks..	33

TABLE 2.

Audiences.

AUDIENCE			PERSONS	ATTENDANCES
Women	..	..	3,505	4,911
Men	..	..	810	1,161
			<u>4,315</u>	<u>6,072</u>
Girls	..	..	202	350
Boys	..	..	577	2,753
			<u>779</u>	<u>3,103</u>
Females	..	..	3,707	5,261
Males	..	..	1,387	3,914
			<u>5,094</u>	<u>9,175</u>

TABLE 3.

Distribution of Meetings.

AREA				NUMBER OF MEETINGS	PERSONS ADDRESSED	ATTENDANCES
BOROUGHES						
Mansfield	..	..		9	195	310
Newark	..	..		—	—	—
East Retford	..	..		1	52	52
Worksop	..	..		4	122	122
URBAN DISTRICTS						
Arnold	..	..	..	2	117	117
Beeston and Stapleford				14	470	646
Carlton	..	..	..	12	147	355
Eastwood	..	..		2	35	35
Hucknall	..	..		22	334	746
Kirkby-in-Ashfield			..	7	172	349
Mansfield Woodhouse	..			3	56	71
Sutton-in-Ashfield	..			10	363	590
Warsop	..	..	..	—	—	—
West Bridgford			..	5	259	339
RURAL DISTRICTS						
Basford	..	..		20	469	641
Bingham	..	..		11	268	342
Newark	..	..		—	—	—
Retford	..	..		2	116	116
Southwell	..	..		19	394	463
Worksop	..	..		3	77	77
WHOLE-COUNTY ORGANISATIONS				106	1,448	3,804
TOTALS				252	5,094	9,175

TABLE 4.

Talks.

Total Talks to Women	..	..	..	..	89
Do. Men	..	..	..	..	9
Do. Mixed Adults	..	..	..	..	53
Do. Girls	..	..	..	..	5
Do. Boys	..	..	..	..	62
Do. Mixed Youth	..	..	..	..	10
Do. Mixed Adults and Youth			..	..	1
					229

TABLE 5.

Film Shows.

Total Film Shows to Women	..	..	..	..	10
Do. Men	..	..	..	..	—
Do. Mixed Adults	..	..	..	..	2
Do. Girls	..	..	..	..	—
Do. Boys	..	..	..	..	10
Do. Mixed Youth	..	..	..	..	1
Do. Mixed Adults and Youth	..	..	..	..	—
					<u>23</u>

Films were shown to illustrate talks as follows :—

At Talks to Women	..	..	..	..	..	10
Do. Men	..	..	..	..	..	—
Do. Mixed Adults	..	..	..	..	..	9
Do. Girls	..	..	..	..	..	—
Do. Boys	..	..	..	..	..	10
Do. Mixed Youth	..	..	..	..	..	4
Do. Mixed Adults and Youth	..	..	..	..	..	—
						<u>33</u>

TABLE 6.

Lecturers' Summary.

LECTURER.	NUMBER OF MEETINGS	PERSONS ADDRESSED	ATTENDANCES
Mr. A. H. Marrow ..	156	3,567	5,087
Mr. N. S. Wass ..	2	44	44
Dr. I. Powell Heath ..	32	903	979
Dr. M. Gurd ..	1	40	40
Dr. A. C. Tibbits ..	1	150	150
Dr. C. W. W. Jeremiah	4	297	297
Dr. R. W. Elliott ..	2	140	140
Mr. D. E. Mason ..	3	107	107
Miss F. Blake ..	9	335	335
Mr. F. Wrigley ..	2	45	45
Mr. W. L. Richardson ..	4	56	56
Mr. G. H. Earnshaw ..	2	45	45
Miss E. Bowler ..	1	50	50
Miss A. Collishaw ..	1	20	20
Film Shows ..	23	617	812
Home Help Service Talks	9	375	375

Internal Lecturers.

I am grateful to the following members of my Staff for the generosity with which they have placed their expert services at the disposal of the Health Education Service by giving talks in their free time during the year :—

Dr. C. W. W. Jeremiah, Dr. R. W. Elliott, Mr. D. E. Mason, Mr. W. L. Richardson, Mr. F. Wrigley, Mr. G. H. Earnshaw, Miss E. Bowler, and Miss A. Collishaw.

I am also grateful to Miss F. Blake, the County Dietitian, for giving similar help.

Home Help Service Talks.

During the year several short talks, publicising the Home Help Service, have been given by the Home Help Organiser, Miss M. W. Cottee, and some of the Sub-Organisers.

TABLE 7.

Talks Subjects.

				NO. OF TALKS
<i>Health Education.</i>				
Parent's Responsibility for the Child's Health ..				4
Health Education, its Importance ..				6
				—
				10
				==
<i>Growth in Child and Adolescent.</i>				
Problems of Growth				1
Health during Adolescence ..				15
Physical Needs of the Child ..				1
				—
				17
				==
<i>Maternity and Child Welfare.</i>				
Health during Pregnancy				2
Baby Feeding				1
				—
				3
				==
<i>Mental Health.</i>				
Mental Health in the Adult				1
Mental Needs of the Child ..				5
The Child Mind				1
				—
				7
				==

Sex Education.

Sex Education	18
Sex Hygiene	..	..	..	..	15
Physiology of Sex and Reproduction	..	..	..	..	2
Problems of Sex	..	..	..	..	2
Health during the Menopause	..	..	..	..	2
					<hr/>
					39
					<hr/>

General Health.

Care of the Skin	..	..	..	..	2
Digestion and Indigestion	..	..	..	..	2
Posture and Care of the Feet	..	..	..	..	1
Dental Health	..	..	..	..	3
Rest and Relaxation	..	..	..	..	7
Food and Cooking	..	..	..	..	7
General Fitness	..	..	..	..	56
					<hr/>
					78
					<hr/>

Prevention of Disease.

War on Disease	..	..	..	..	8
Common Cold and Influenza	..	..	..	..	4
Rheumatism	..	..	..	..	7
Food Infection and Kitchen Hygiene	..	..	..	..	20
Immunisation and Vaccination	..	..	..	..	1
					<hr/>
					40
					<hr/>

General Interest Topics.

Recent Advances in Medicine	..	..	..	..	2
Penicillin	..	..	..	..	2
Glands and Hormones	..	..	..	..	1
Bacteriology	..	..	..	..	1
Health and Accident Prevention	..	..	..	..	1
Unconsciousness	..	..	..	..	1
Housing	..	..	..	..	1
The Water Supply	..	..	..	..	1
Sewage Disposal	..	..	..	..	2
					<hr/>
					12
					<hr/>

Health Services Publicity.

The Health Services (Local)	..	..	..	..	5
The National Health Service	..	..	..	..	6
The School Health Service	..	..	..	..	3
The Home Help Service	..	..	..	..	9
					<hr/>
					23
					<hr/>

TABLE 8.

Films Used.

TITLE OF FILM				TIMES SHOWN
Your Children's Sleep	..	..	..	7
Your Children's Eyes	..	..	..	3
Your Children's Teeth	..	..	..	8
Your Children's Ears	..	..	..	6
Modern Guide to Health	..	..	..	2
Old Wives' Tales ..	..	..	..	3
Round Figures ..	..	..	..	3
Your Very Good Health	..	..	..	1
One Man's Story ..	..	..	..	1
Sex in Life .. ..	..	..	..	15
Human Reproduction	..	..	..	15
Penicillin .. ..	..	..	..	2
Conquest of a Germ ..	..	..	..	2
Town Rats ..	..	..	..	1
Killing Farm Rats ..	..	..	..	1
Blood Transfusion ..	..	..	..	1
Defeat Diphtheria ..	..	..	..	4
Defeat Tuberculosis ..	..	..	..	3
Life Begins Again ..	..	..	..	1
Training of the Disabled	..	..	..	1
Triumph over Deafness	..	..	..	1
Action .. ..	..	..	..	1
Hospital School ..	..	..	..	1
Accidents Don't Happen	..	..	..	1

TABLE 9.

Leaflets and Posters.

The following leaflets and posters have been issued at talks, film shows, and at Welfare Centres.

Leaflets.

Sex Education .. ..	..	..	..	..	5,617
Maternity and Child Welfare	..	..	..	..	5,168
General Health .. ..	..	..	..	..	6,501
Food .. ..	..	..	..	..	24,808
Disease Vectors .. ..	..	..	..	..	8,499
Tuberculosis .. ..	..	..	..	..	2,282
Influenza and Colds ..	..	..	..	..	3,990
Poliomyelitis .. ..	..	..	..	..	2,264
Immunisation and Vaccination	..	..	..	..	2,976
					<hr/> 62,105 <hr/>

Posters.

Immunisation and Vaccination	..	..	..	143
Coughs and Colds	..	..	..	52
Disease Vectors and Food Infection	..	..	..	42
Venereal Disease	..	..	..	19
Food	..	..	..	56
				<hr/>
				312
				<hr/>

DOMESTIC HELP SERVICE (Section 29).

By the close of 1948, branches of the County Service were firmly established under the supervision of Sub-Organisers in the joint districts of Arnold and Carlton, Sutton and Kirkby-in-Ashfield, and in West Bridgford. The first few months of 1949 were partly devoted to the recruiting and training of administrative staff in order to extend the Service to the Boroughs of Mansfield and Worksop and to Hucknall Urban District where the new Service was linked with the one already started at Eastwood, and to consolidate the position in the Beeston and Stapleford Urban District.

By May, offices had been equipped and opened at Mansfield and Worksop, and by August at Hucknall and Beeston, and preparations were made to build up the strength of each branch of the Service in readiness for the heavier demands for domestic help anticipated during the winter months.

In June, the rate of pay to Home Helps was increased by 1d. per hour to 1s. 9d., the maximum charge remaining at 1s. 10d. per hour. The scale of charges applied where the applicant for the Service is unable to afford the standard charge was revised and modified.

In order to bring the amenities of the Service to the notice of those in need of it, various forms of publicity were undertaken including talks to Old Age Pensioners' Clubs, Mothers' Meetings and other women's activities and a descriptive article appeared in the April number of the Nottinghamshire Countryside magazine as well as articles in daily papers.

During the year seventy-two applicants for maternity hospital accommodation were visited by Home Help Organisers, and arrangements were satisfactorily made for all of these patients to have domiciliary confinements. In all, three hundred and fourteen maternity cases were served in addition to six hundred and thirty general cases and eleven cases of tuberculosis.

At the end of the year, the establishment consisted of thirty-one full-time Home Helps, ninety-eight part-time and an administrative staff of seven Sub-Organisers, seven Case-Workers and the County Organiser.

A gift of soap from the Women's Voluntary Services for use in neglected homes was most acceptable.

NUMBER OF CASES WHERE DOMESTIC HELP WAS PROVIDED DURING THE YEAR.

	MATERNITY	GENERAL	TUBERCULOSIS	TOTAL	HOURS OF SERVICE
ARNOLD AND CARLTON	74	140	3	217	27,870
BEESTON AND STAPLEFORD	38	36	—	74	5,690
EASTWOOD AND HUCKNALL	19	38	—	57	8,877
KIRKBY-IN-ASHFIELD AND SUTTON-IN-ASHFIELD	53	173	3	229	23,920
MANSFIELD (INCLUDING MANSFIELD WOODHOUSE AND WARSOP) ..	16	81	5	102	9,510
WEST BRIDGFORD	59	124	—	183	17,557
RETFORD AND WORKSOP BOROUGHES AND RURAL DISTRICTS	15	21	—	36	4,340
OTHER AREAS	40	17	—	57	4,752
TOTALS	314	630	11	955	102,516

MENTAL HEALTH SERVICE (Sections 28 and 51).

Administration.

There has been no change during the year in the general scheme of administration of the Local Health Authority's Mental Health functions. In accordance with County Council practice, meetings of the Mental Health Sub-Committee have been held quarterly. The Chairman of the Sub-Committee is, of course, empowered to authorise, in emergency, any necessary action in matters of day-to-day administration arising between meetings.

The composition of the Sub-Committee remains the same as last year, viz. :—

12	Members of the County Council
3	District Council representatives
3	Added members with special experience of mental health work
—	
18	
—	

Staff.

(a) *Medical.*

The County Medical Officer is responsible for the organisation, control, and medical direction of the Mental Health Service, and such duties are carried out through the Mental Health Section of the Public Health Department.

Reference was made in last year's Report to the fact that it had been impossible to implement the proposal to appoint a specially experienced Assistant Medical Officer for Mental Health purposes. The position is still the same, and it is obvious that there is little hope of attracting suitable applicants until such time as determination has been reached on current proposals for new scales of salaries for Medical Officers employed in Local Government. In the meantime, as well as placing an added burden on existing staff, the absence of a special Medical Officer is a serious handicap in the development of the Service as envisaged in the approved proposals, and routine clinical work associated with ascertainment is consequently adversely affected.

My Deputy, Dr. C. W. W. Jeremiah, has continued during the year to act as general adviser on Mental Health matters, and has undertaken the clinical work involved in the medical ascertainment of defectives, the placing of defectives under Order and, in a considerable number of cases, the giving of evidence in the various Courts of the area, when alleged or known mental defectives were involved.

(b) *Non-Medical.*

The following non-medical staff of my Department were employed on administrative and statutory duties in the Mental Health Service at the end of the year :—

- (i) a male Mental Health Officer ;
- (ii) a female Superintendent Mental Health Worker ;
- (iii) ten part-time male Mental Health Workers ;
(also employed half-time as District Welfare Officers)
- (iv) a male Assistant Mental Health Worker and District Welfare Officer for relief duties ;
- (v) Mansfield Occupation Centre Staff :—
 - One female Instructress ;
 - One female Domestic Assistant and Escort ;
 - Two part-time female Escorts ;
- (vi) Two clerks and a shorthand-typist.

There were vacancies on the approved establishment for three female Mental Health Workers and two female Home Teachers for defectives. At the time of writing this report, the two Home Teaching vacancies have been filled and reference is made to their activities later. It has not yet been possible to secure the services of suitably experienced female Mental Health Workers, although the prospects are somewhat brighter now that there has been improvement in the approved salary scales for women who are not qualified Psychiatric Social Workers. There is, however, a dearth of fully trained Psychiatric Social Workers and it is to be anticipated that most of those becoming available will be attracted to posts in Hospitals which offer greater opportunity of contact with patients throughout the various stages of their illness, treatment, and recovery. A recent Circular from the Ministry of Health suggests, *inter alia*, the possible joint use of qualified workers by agreement between Regional Hospital Boards and Local Health Authorities and this might be the most practical method of overcoming the present difficulty. Moreover, it would provide the workers themselves with a means of assuring continuous contact with a patient from the onset of illness to the time when he is fully recovered. Not only is it thought that this would tend to give the patient greater confidence in those trying to help him and, possibly, hasten his recovery, but it would also prevent any overlapping of duties as between the Local Health Authority's Social Workers and those of the Regional Hospital Board.

The arrangement whereby the male Mental Health Workers are also employed half-time on Welfare duties under the National Assistance Act has continued to work smoothly during the year.

Co-ordination with Regional Hospital Boards.

It will be seen from the details given elsewhere in this Report on the activities of the Mental Health Service that there is close co-operation between the Authority's officers and the appropriate officials

of the Regional Hospital Board in regard to the interchange of information concerning individual patients, and the friendly liaison which has been established contributes both to the welfare of the patient and to the general efficiency of the Service.

During the year all the officers engaged on Mental Health duties in the community attended a conference at the Saxondale Hospital where mutual problems were discussed with the Hospital's Medical staff. It was an extremely useful meeting inasmuch as it gave each side a clearer understanding of the difficulties encountered by the other and enabled suggestions to be made as to how these might be minimised or overcome.

The Authority's Mental Health Workers have continued to carry out on behalf of Hospital Management Committees the supervision of mental defectives sent on licence or holiday leave to this County from institutions and further details are supplied under the heading of "Licence" later in this report, but no arrangements have been made for the joint employment of officers.

Voluntary Associations.

The Local Health Authority have not needed to delegate any of their Mental Health functions to Voluntary Associations but, in pursuance of their powers under the National Health Service Act and with the consent of the Minister of Health, an annual contribution of £22 was made to the National Association for Mental Health in recognition of the valuable work carried out by this association in the general field of Mental Health.

Training of Mental Health Workers.

A second course in Mental Health was held at the University of Sheffield in July, 1949. The course, which was residential, was attended by five officers, course fees and expenses being paid by the Council.

A third course is being arranged during July, 1950, and will be attended by the two officers who were unable to be present at either of the previous Courses.

My Deputy, Dr. Jeremiah, and the Superintendent Mental Health Worker both attended the annual two-day Conference organised by the National Association for Mental Health and held in London in March, 1949, whilst the Superintendent Mental Health Worker also attended the Annual Conference of the Association of Mental Health Workers held at Clacton-on-Sea.

Work undertaken in the Community.

Section 28, National Health Service Act, 1946. Prevention of Illness, Care and After-Care.

Such action as can be taken by the Council's Mental Health Workers to assist in the prevention of mental illness is largely dependent upon the early ascertainment of persons whose mental condition is likely to suffer a breakdown, particularly when aggravated by domestic or occupational difficulties. The publicity given to the Mental Health Services since the inception of the National Health Service Act, and the emphasis laid upon the view that mental illness should be publicly regarded in the same light as physical illness, has done much to stress the advantages of making early use of the facilities available for psychiatric treatment, rather than avoiding treatment until the illness has reached an acute stage when, in many cases, patients would become incapable of expressing willingness to submit themselves for treatment as voluntary patients and would have, of necessity, to experience what many still consider to be the stigma of certification. The majority of persons seeking treatment for any form of mental illness are dealt with by the family doctor and the services of the Mental Health Workers are not called upon. In many of the cases which are brought to their notice, however, it is possible to afford assistance either through the Mental Health Service itself or by reference to some other statutory or voluntary social agency providing specialised forms of assistance. The primary line of action through the Mental Health Service lies in arranging for a patient's attendance at one of the Psychiatric Clinics provided in the County by the Sheffield Regional Hospital Board, and it is interesting to note that thirty-one persons were referred to the Clinics during the year by the Mental Health Workers. At this early stage, it is particularly important that full co-operation should exist between the Mental Health Workers and the Psychiatrists in attendance at the Clinics, and it is pleasing to report that this co-operation has been largely achieved. A Mental Health Worker, after arranging for a patient's attendance, forwards details of his or her history and circumstances to the Clinic for the information of the Consultant Psychiatrist. In turn, the Mental Health Worker is informed of the Psychiatrist's advice with regard to the supervision of the patient concerned. Domestic difficulties—so often the root cause of mental illness—may also be alleviated or removed, either by the Mental Health Worker's personal advice based on a wide experience, or by his knowledge of available social services. The Mental Health Worker is, in effect, at a vantage point having an overall view of social services. He co-operates with local officials and members of statutory and voluntary agencies, and is able to bring into play whichever service can provide assistance appropriate to the needs of each patient. Thus, during the year liaison has been well maintained as between the Mental Health Workers and officials of the Ministry of Labour, the Ministry of National Insurance, the National Assistance Board, the Authority's own Home Help Service, local voluntary organisations such as the British Legion, and welfare officers attached to industrial firms and hostels. Advice and assistance was also given or obtained in respect

of patients discharged from Hospitals and, of the three local hospitals normally catering for County patients, namely Saxondale Hospital, Radcliffe-on-Trent, Mapperley Hospital, Nottingham, and Coppice Hospital, Nottingham, a close measure of co-operation has been established. The Medical Superintendents of these Hospitals furnish particulars of a patient's condition and treatment and add their recommendations as to lines of after-care which they consider might assist the patient in his re-settlement in community life after discharge. In the case of the Saxondale Hospital, where the majority of County patients receive treatment, Psychiatric Social Workers are employed by the Hospital Management Committee and in only very few cases is it found necessary to call upon the Local Health Authority's services.

Though the problems encountered are somewhat different, the community care of mental defectives by the Mental Health Workers is a significant contribution to Mental Health work generally. The problems which arise in the day-to-day supervision of defectives are discussed with their relatives and appropriately dealt with. As an example may be cited the liaison existing between the Mental Health Service and the Youth Employment Service administered by the County Education Committee. Through this latter Service—the main functions of which are to furnish advice regarding choice of employment for young persons and, in co-operation with employers, to endeavour to place those seeking work in suitable posts—it was possible to secure suitable employment for a number of youthful defectives within the scope of their physical and mental capacity. The opportunity is thus afforded them for adjustment to working conditions with sympathetic employers who are made aware beforehand of each person's shortcomings.

In a number of cases of mentally defective persons having a physical deformity or ailment, it has been possible to make a helpful contribution to their care and welfare by the provision of appropriate items of nursing equipment through the Council's general scheme for the Prevention of Illness, Care and After-Care referred to elsewhere in this Report. Six defectives, for instance, have been supplied with wheel chairs during the year. Previously these patients had been virtually confined to their homes, with little or no opportunity for outside contacts, but the provision made has not only been the means of affording them this opportunity but may also have effected improvement in their general health.

The training of defectives in the community is referred to later in the account of work undertaken under the Mental Deficiency Acts.

Lunacy and Mental Treatment Acts, 1890-1930.

The following figures summarise the work undertaken by the Local Health Authority's Duly Authorised Officers during the year 1st January—31st December, 1949, in securing treatment for persons suffering from mental illness :—

<i>Admissions to Hospital</i>		<i>Males</i>	<i>Females</i>
<hr/>			
(a)	Mental Treatment Act, 1930—		
	As Voluntary Patients (Section 1) ..	41	54
	As Temporary Patients (Section 5) ..	3	1
(b)	Lunacy Act, 1890—		
	Under Summary Reception Orders		
	(Section 16)	67	111
	Under 3-day Orders (Section 20) ..	26	22
	Referred to Psychiatric Out-patient Clinics	10	21
		<hr/>	
		147	209
<hr/>			

These statistics do not provide a complete picture of the patients admitted from the County area as, with the Psychiatric Clinic facilities becoming more widely known to medical practitioners and the general public, more people attended the Clinics and were admitted for treatment as voluntary patients to the various local mental hospitals without the need for any action on the part of the Duly Authorised Officers.

Increased advantage was taken of the fact that Saxondale Hospital has been designated as a receiving hospital for the purposes of Section 20 of the Lunacy Act, 1890. A patient admitted under this provision in urgent circumstances for an initial period of three days may be detained for a further period of fourteen days if the hospital medical officer certifies that it is expedient for his welfare that he should be so detained. Thus, in many cases, patients who in earlier days would probably have been certified under the Lunacy Act before the expiration of the three days now receive continuous diagnostic and curative treatment over an extended period, so affording them added opportunity of recovery, sufficient either to justify their discharge or to remain in the hospital for continued treatment as voluntary patients. Under this procedure certification is used only as a final resort. Comparative figures show that, whereas in the first six months of the working of the Mental Health Service a total of seventeen persons were admitted under Section 20, during the year under review a total of forty-eight persons were so admitted, of whom seven were able to take their discharge within the period of seventeen days from the date of their admission; twenty-six remained in hospital for treatment as voluntary patients and in fifteen cases certification was considered to be necessary.

During the year the Duly Authorised Officers were called upon to deal with a considerable number of aged persons, as will be seen from the following age-group summary:—

	<i>Voluntary Patients</i>		<i>Certified Patients</i>	
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>
65-70 years	7	7	14	14
71-80 years	7	3	4	23
81 years and over ..	2	1	3	2

As has been widely recognised, persons in these age-groups who suffer from mental infirmity constitute a most difficult 'accommodation' problem, for so often appropriate care could be provided in chronic sick wards other than that provided in Mental Hospitals under the Lunacy and Mental Treatment Acts. However, with the existing shortage of such accommodation and of nursing staff, the Duly Authorised Officers, after making unsuccessful enquiries for vacancies at the various general hospitals in the County, frequently have no alternative but to arrange the admission of such persons to mental hospital care.

Mental Deficiency Acts, 1913-38.

(i) General Administration.

The statistical summary which follows includes under the main headings given the figures of work accomplished during the year :—

Number of new cases reported during the year	117
Total number of old cases verified and new cases reported since the re-organisation of the Service in 1933 ..	3,216
Total number of all known defectives in the County on 31st December, 1949	*3,532
Incidence of all mental defectives per 1,000 of the population	6.75
Number under statutory supervision on 31st December, 1949	588
Number under voluntary supervision on 31st December, 1949	800
Number under statutory supervision awaiting removal to an institution	117
Orders made during the year :	
Institution	37
Guardianship	2
Varying Orders—from Guardianship to Institution ..	5
Varying Guardian	1
Place of Safety Orders	10
Number discharged from Order during the year :	
Guardianship	3
Institution	10
Number under Guardianship on 31st December, 1949 ..	120
Number on books of Institutions on 31st December, 1949	463
Number in Places of Safety on 31st December, 1949 ..	1
Mansfield Occupation Centre—attendances during 1949 (23 cases on Register at 31st December, 1949) ..	3,916
†Home Teaching—Number of cases visited	64
Number of visits paid during year ..	701

*Includes 1,343 still within the purview of the Local Education Authority.

†The Home Teacher terminated her appointment on 15th November, 1949.

(ii) *Ascertainment.*

As indicated in the foregoing statistical summary 117 new cases were reported during the year and, in addition, five cases (two males and three females) previously under voluntary supervision were formally reported by the Local Education Authority, giving a total of 122, as follows :—

	M.	F.	T.
(a) Cases reported by Local Education Authority (Section 57, Education Act, 1944) :			
Under Section 57 (3)	12	17	29
Under Section 57 (5)	29	9	38
(b) Other cases reported during 1949 and ascertained to be ' subject to be dealt with '	13	5	18
Total cases ascertained to be ' subject to be dealt with ' during the year	54	31	85
(c) Other cases reported during 1949 who are not ' subject to be dealt with '	19	18	37
	73	49	122

These cases were dealt with in the following manner :—

(d) Cases ascertained to be ' subject to be dealt with ' :			
Admitted to Institutions (by Order)	*9	5	14
Placed under Statutory Supervision	26	13	39
Removed from Area	1	—	1
Action not yet taken at 31-12-49	18	13	31
(e) Cases not at present ' subject to be dealt with ' :			
Placed under Voluntary Supervision	15	17	32
Found not to be defective	3	—	3
Action unnecessary	1	1	2
	73	49	122

*Seven of these patients had previously been detained in Places of Safety.

The number of cases statutorily reported by the Local Education Authority under Section 57 of the Education Act, 1944, was approximately the same as the figure for the previous year (sixty-seven as compared with sixty-four in 1948). Within the Health Department close co-operation between the School and Mental Health Sections is consistently maintained and opportunity has been taken during the year to arrange for re-examinations through the School Health Service of children who, though previously reported as being ineducable, have so improved as to merit re-assessment. In only one case was it found that there had been improvement sufficient to warrant revocation of the report.

As regards ascertainment generally, a matter of interest is the number of hitherto unreported cases brought to notice by Clerks to Justices and Probation Officers following the commission of offences. Ten such cases over school age were reported during 1949, of whom six were admitted to institutions and four were placed under statutory supervision pursuant to the provisions of the Mental Deficiency Acts.

The ratio of cases ascertained by the Local Health Authority was 4.02 per thousand of the population at the end of 1949 as compared with four per thousand in 1948 and 2.03 per thousand at the end of 1933, when the administration of the Mental Deficiency Acts was transferred to my Department.

Including cases still within the purview of the Local Education Authority, the ratio per thousand of the population was 6.75 as compared with the Wood Committee's estimate of the incidence of mental defectives, viz., eight per thousand of population.

(iii) *Guardianship.*

During the year petitions for Orders for the appointment of Guardians were presented in respect of two female defectives and an Order was obtained in each case. The Orders were obtained to replace Orders which had lapsed by operation of law.

Varying Orders were obtained for the transfer of five defectives (four males and one female) from Guardianship to Institution care and, in the case of another female defective, for the appointment of a new Guardian. The death of one female defective under Guardianship occurred during the year.

Following the implementation of the National Assistance Act, 1948, the Ministry of Health issued Circular 177/48, which advised a review by Local Health Authorities of all Guardianship cases where the Order had been secured with the view to the payment of a Guardianship allowance. It was made clear that the National Assistance Board had power to pay maintenance grants in the majority of cases and that in respect of those cases whose needs could be met by friendly supervision and the payment of a Board grant, recommendations should be submitted to the Board of Control for the relevant Guardianship Orders to be discharged. As a first step, therefore, and following most helpful discussions with the National Assistance Board's local officers, applications for National Assistance allowances were submitted in respect of all those defectives (all over the age limit of 16 years) under Guardianship who were currently in receipt of financial assistance from the County Council. With four exceptions, it was found that the Assistance Board maintenance grant would be either equal to or in excess of that made by the County Council, whilst it was also understood that the Board were prepared to recognise the exceptional needs of certain mental defectives in regard to clothing, bedding, etc., and to make additional grants as necessary to meet these needs. Arrangements were therefore made, with effect from 1st August, 1949, to transfer responsibility for payment of maintenance allowances to the

National Assistance Board in all but the four cases where the County Council allowance was higher and to discontinue the provision of necessary clothing and bedding for patients so transferred. The County Council continued to pay maintenance, clothing and bedding allowances in the four exceptional cases referred to and they also continued their previous arrangements for grants towards Guardianship patients' holiday expenses since it was understood that the National Assistance Board would have no objection to this. Assistance with funeral expenses is given in appropriate cases.

The aforementioned arrangements, of course, in no way affected the statutory Guardianship requirements as to supervision and control and it had to be considered, therefore, whether the transfer of the bulk of financial responsibility to the National Assistance Board would result in any lessening in the efficiency of existing arrangements or in the degree of co-operation required of Guardians. It was decided, after careful consideration, that those Guardians who were also parents could be trusted to exercise their parental and statutory obligations without regard to financial considerations but, partly to ensure the continued co-operation of non-parent guardians and partly because it was felt that such guardians were deserving of some small financial recognition for their services to defectives, it was decided to apply the following scale of payments by the County Council in addition to the maintenance grant made by the National Assistance Board :—

Guardian not related to patient	.. .. .	7/6d. weekly
Guardian related to patient, but not a parent	..	5/- „

At the time when the foregoing arrangements were under consideration, there was no patient under Guardianship who was under the age of sixteen years and it was decided, having regard to the fact that persons under that age are not entitled to National Assistance in their own right, to consider on their merits any such cases occurring in future in determining whether and to what extent financial assistance should be provided by the County Council.

After a suitable period of observation of the effect of the new financial arrangements consideration was given to the cases who had been placed under Guardianship primarily to make a guardianship allowance available in order to decide which of them could properly be recommended for discharge from Order. The basic principle adopted in the selection of such cases was that, where patients were under the satisfactory care of a parent or parents, friendly supervision would henceforth be adequate. Recommendations for discharge were accordingly made in seventy-eight cases, all of whom have been discharged from Order at the time of writing this report.

The periodical visitation of defectives under Guardianship continued to be undertaken during the year by the Superintendent Mental Health Worker.

(iv) *Supervision.*

The routine visitation of defectives under Statutory or Voluntary Supervision in their own homes remained the routine function of the

male Mental Health Workers. In this branch of their work the frequency of visits is governed largely by the individual circumstances and characteristics of each case but two-monthly visits are regarded as the minimum in statutory cases and three-monthly visits where voluntary supervision is being exercised. The services of the Superintendent Mental Health Worker are available in dealing with cases presenting any unusual or difficult features.

During the year the names of four male patients were removed from the list of cases under statutory supervision. In each case the patient was reported to be leading a normal, stable and useful life in the community and it was felt that continued supervision was redundant and embarrassing. Moreover, the circumstances which had rendered them 'subject to be dealt with' under the Mental Deficiency Acts were no longer applicable.

The numbers of patients under statutory or voluntary supervision on 31st December, 1949, were as follows :—

		<i>Male</i>	<i>Female</i>	<i>Total</i>
Statutory Supervision .. ..	..	356	232	588
Voluntary Supervision .. ..	..	399	401	800
		755	633	1,388

(v) *Training.*

(a) *Occupation Centre.*

The existing arrangements for the provision of occupation and training through the Occupation Centre, conducted at the Folk House, Westfield Lane, Mansfield, were continued during the year.

The staff consists of the Instructress, Domestic Assistant and Escort, and two part-time Escorts.

The number of patients attending at the end of the year was twenty-three (eleven males and twelve females). Attendances totalled 3,916 out of a possible 5,229; an average attendance of approximately 75%.

Defectives attending the Centre receive milk daily under the "Milk in Schools" scheme and are assisted with bus fares where necessary, as also are their escorts where it is impracticable to arrange for one of the part-time Escorts to undertake this duty.

The Centre continues to do valuable work in spite of difficulties arising from limited accommodation, but there can be no expansion of this aspect of the service until it is possible to establish the proposed

new Centre. Though progress has for various reasons been slow in this new development, prospects are somewhat brighter at the time of writing.

(b) *Home Teaching.*

At the time when the Home Teacher terminated her appointment on the 15th November, 1949, sixty-four cases throughout the County were being visited on a three-weekly rota, of whom thirty were under Guardianship; thirty-one under Statutory Supervision and three under Voluntary Supervision.

The number of visits paid during the period 1st January, 1949—15th November, 1949, was 701 and approximately 670 hours of instruction were given.

In view of the dearth of experienced workers it was anticipated that the vacancy created by the resignation of the Home Teacher would be extremely difficult to fill but, mainly as a result of a re-adjustment of the scale of salary offered, a successor was appointed and commenced her duties on the 20th February, 1950, whilst it has since also proved possible to fill the second vacancy on the approved establishment. It thus becomes possible to give greater effect to the Authority's approved proposals under the National Health Service Act which provide for the re-organisation of the service so as to secure group centres in the more populous districts of the County where the establishment of occupation centres is not at present justified and also to increase the number and frequency of individual visits to isolated cases. Ten group centres have been established to date and each is allotted one session (morning or afternoon) per fortnight, whilst visits to individual patients are now paid every two weeks instead of every three weeks as before. The group centres are, of course, still in the process of development and each class, for the time being, has been composed of up to six pupils. Nevertheless, I have already received encouraging reports of the progress made and it is my hope that it will ultimately prove possible, by the appointment of more Teachers and the opening of new classes, to cater for the needs of most of the defectives in the community who are capable of benefiting from this type of training.

(vi) *Licence.*

The number of Nottinghamshire patients on licence from Institutions on the 31st December, 1949, was sixty-nine (thirty-two males and thirty-seven females) of whom thirty-five (sixteen males and nineteen females) were residing within the County area.

The Authority's Mental Health Workers have continued to undertake on behalf of Hospital Management Committees the routine supervision of patients on licence in the County. During the year progress reports on individual cases have been forwarded at two-monthly intervals and a number of other reports have been supplied as shown in the following summary :—

Progress reports	.. .. .	177
Reports on applications for holiday leave	.. .. .	32
Do. licence	.. .. .	23
Do. discharge from Order	.. .. .	2
Bi-ennial review special reports (including medical reports and recommendations as to suitability for discharge)	..	17

In addition to the foregoing, all necessary arrangements were made on behalf of Hospital Management Committees for the re-consideration by the Visitors during the year of the Orders in respect of six cases on licence in the County, thus obviating the need for the patients to be returned to the respective institutions for this purpose.

(vii) *Institution Care.*

In addition to the five patients admitted as a result of Varying Orders from Guardianship, Orders were made for the admission of thirty-seven patients (twenty-three males and fourteen females) to Institutions during the year. Of that number one Order was made by H.M. Secretary of State, and thirty-six by Judicial Authorities following the presentation of petitions. Thirteen of these last mentioned cases had previously been detained in places of safety and in one case the Order was obtained to replace a previous Order which had lapsed 'by operation of law.'

Ten male defectives were admitted to places of safety during the year—seven under Court Orders, one by the Police, and two at the instance of the Local Health Authority's Authorised Officers. One of the two last-mentioned was returned to his home following improvement in the home conditions.

Ten patients were discharged from Order during the year and there were five deaths. The total number remaining on the books of institutions on 31st December, 1949, was 463, made up as follows :—

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Ten institutions in the area of the Sheffield Regional Hospital Board ..	62	164	226
Twenty-six institutions outside the Sheffield Region	129	89	218
Rampton and Moss Side Hospitals for mental defectives	14	5	19
	205	258	463

On the 31st December, 1949, the ratio of defectives in Institutions per thousand of the population of the County, excluding defectives on licence, was 0.75 as against 0.32 at the end of 1933.

Reports for the information of the Visitors were completed by the Authority's Mental Health Workers on behalf of Hospital Management Committees in respect of 135 cases whose Orders became due for re-consideration during the year.

Once again it is necessary to stress the urgent need for additional institution accommodation for mental defectives. During the year it proved possible to secure the admission of only a fraction of the cases needing residential care and training and the waiting list of urgent cases grows longer. The need is particularly acute in regard to those children who have been reported as ineducable by the Local Education Authority but who are nevertheless capable of responding to institution training. In many cases their presence in their homes not only taxes their parents' endurance to the utmost limit but also

has a detrimental effect upon the behaviour and development of the normal children in the home. Consequently, it has become increasingly necessary to allocate the few vacancies which do occur according to the degree of acuteness of home and environmental conditions rather than upon the clinical needs and potentialities of the defectives themselves. This ever-increasing problem is, of course, country-wide and, whilst every effort is being made to solve it by the establishment of new institutions and the provision of additional accommodation in existing institutions, these processes take time.

Notwithstanding the many difficulties encountered I wish to place on record my sincere appreciation of the unfailing help and co-operation which has been received from the Regional Psychiatrist and those officials of the Sheffield Regional Hospital Board—both at the Board's Headquarters and at the institutions—who are immediately concerned with the provision of accommodation for patients within the Region. Particularly valuable has been the help of the officials of the two ex-County Institutions (now Regional Hospital Board Hospitals) which still possess mental deficiency accommodation. The value of this accommodation in cases of emergency has been proved on numerous occasions and the willing co-operation of the officials in accepting patients for admission to their already crowded wards has done much to alleviate distress.

Ambulance Services.

The duty of securing means of transport for mental defectives or persons suffering from mental illness continues to be met mainly through the medium of the County Ambulance Service. Occasional use is also made of Mental Health Workers' motor cars for conveying mental defectives.

Male and female escort assistance is obtained as required and is paid for in accordance with an approved scale of fees. Subsistence allowances are also paid to escorts where it is necessary for them to take meals whilst on escort duty.

If the assistance of trained nursing staff is required, the necessary help is sought from the hospital to which the patient is being removed.

CONCLUSION.

I desire to express gratitude to the medical and senior lay staff who have contributed so greatly to the detailed preparation of this Report; to Dr. Jeremiah, my Deputy, for his continued loyal and efficient service; and to the staff generally, both indoor and outdoor, for their zeal and efficiency.

Again I gratefully acknowledge the support which I have received from the Chairmen and Members of my several Committees.

I am, Ladies and Gentlemen,

Your obedient Servant,

CHRISTOPHER TIBBITS.

STATISTICAL TABLES

•

TABLE I.

NOTTINGHAMSHIRE
BOROUGH AND URBAN DISTRICTS.

Vital Statistics for the Year 1949.

BOROUGH AND URBAN DISTRICTS	Area in Acres (Land and Inland Water)	Persons per Acre	Families or separate Occupiers at Census 1931	Persons per Family at Census 1931	*Population, Census 1931	Population estimated to the middle of 1949	Births		Deaths under 1 year of age		Net Deaths at all Ages belonging to the District	Net Death Rate, i.e., Death Rate corrected for "Transferable" Deaths	Death Rate from Pulmonary Tuberculosis per 1,000 of population	Death Rate from ALL Tuberculous Diseases per 1,000 of population
							Number	Rate	Number	Rate per 1,000 Births Reg'd				
MANSFIELD (Borough)	7,009	7.3	11,082	4.0	46,068	51,180	875	17.1	24	27	534	10.4	0.49	0.54
WORKSOP (Borough)	17,936	1.7	6,320	4.1	26,285	31,520	618	19.6	9	14	311	9.9	0.63	0.69
NEWARK (Borough)	3,364	6.6	5,152	3.6	19,535	22,430	386	17.2	13	33	247	11.0	0.31	0.31
EAST RETFORD (Borough)	4,657	3.5	3,677	3.7	14,229	16,320	312	19.1	12	38	214	13.1	0.43	0.47
ARNOLD	4,506	4.6	3,766	3.8	14,325	20,980	350	16.7	12	34	239	11.4	0.38	0.47
BEESTON & STAPLEFORD	6,462	7.4	7,250	3.8	27,812	48,180	834	17.3	37	44	437	9.0	0.39	0.47
CARLTON	4,018	8.4	6,883	3.8	26,425	33,980	587	17.3	24	41	381	11.2	0.35	0.35
EASTWOOD	1,178	8.4	2,201	3.9	8,830	9,900	206	20.8	7	34	100	10.1	0.20	0.40
HUCKNALL	4,029	5.6	4,523	3.9	17,839	22,700	419	18.4	17	40	213	9.4	0.26	0.31
KIRKBY-IN-ASHFIELD	5,830	3.4	4,406	4.0	17,866	20,120	344	17.1	12	35	227	11.3	0.35	0.35
MANSFIELD WOODHOUSE	4,834	3.6	3,363	4.0	13,721	17,490	342	19.5	9	26	155	8.8	0.45	0.51
SUTTON-IN-ASHFIELD	10,507	3.8	9,151	4.1	37,725	39,880	723	18.1	31	43	451	11.3	0.40	0.45
WARSOP	7,174	1.5	2,478	4.4	10,959	10,880	197	18.1	5	25	94	8.6	0.37	0.46
WEST BRIDGFORD	3,501	6.9	5,515	3.4	19,209	24,420	328	13.4	10	30	325	13.3	0.20	0.24
Totals for Urban Districts	85,005	4.3	75,767	3.9	300,828	369,980	6,521	17.6	222	34	3,928	10.6	0.39	0.44

*The figures under this heading relate to the population enumerated on the 26th April, 1931, but the Districts for which they are now given are as constituted at the 30th September, 1935, and include changes of area under the County of Nottingham Review Order, 1934, which came into effect on the 1st April, 1935, and the Nottingham Corporation Act, 1933.

TABLE II.

NOTTINGHAMSHIRE
RURAL DISTRICTS.

Vital Statistics for the Year 1949.

RURAL DISTRICTS	Area in Acres (Land and Inland Water)	Persons per Acre	Families or separate Occupiers at Census 1931	Persons per Family at Census 1931	*Population, Census 1931	Population estimated to the middle of 1949	Births		Deaths under 1 year of age		Net Deaths at all Ages belonging to the District	Net Death Rate, i.e., Death Rate corrected for "Transferable" Deaths	Death Rate from Pulmonary Tuberculosis per 1,000 of population	Death Rate from ALL Tuberculous Diseases per 1,000 of population
							Number	Rate	Number	Rate per 1,000 Births Reg'd.				
BASFORD ..	71,571	0.68	10,434	3.9	41,303	48,700	822	16.9	24	29	527	10.8	0.25	0.25
BINGHAM ..	67,583	0.27	3,882	3.6	15,106	18,338	275	15.0	9	33	224	12.2	0.27	0.38
WORKSOP ..	28,515	0.55	3,348	4.3	14,555	15,760	298	18.9	12	40	134	8.5	0.25	0.25
EAST RETFORD ..	111,032	0.19	4,910	3.7	19,506	20,880	316	15.1	8	25	238	11.4	0.19	0.24
NEWARK ..	41,550	0.25	2,356	3.7	8,898	10,650	199	18.6	5	25	137	12.8	0.47	0.56
SOUTHWELL ..	118,586	0.33	8,976	3.9	36,342	38,850	667	17.2	16	24	348	8.9	0.26	0.33
SHIRE HALL ..	1	—	1	4.0	4	2	—	—	—	—	—	—	—	—
Totals for Rural Districts	438,838	0.35	33,907	3.9	135,714	153,180	2,577	16.8	74	29	1,608	10.5	0.26	0.30

*The figures under this heading relate to the population enumerated on the 26th April, 1931, but the Districts for which they are now given are as constituted at the 30th September, 1935, and include changes of area under the County of Nottingham Review Order, 1934, which came into effect on the 1st April, 1935 and the Nottingham Corporation Act, 1932, which came into effect on the 1st April, 1933.

TABLE III.

NOTTINGHAMSHIRE

Vital Statistics for the Year 1949.

WHOLE ADMINISTRATIVE COUNTY.

	Area in Acres (Land and Inland Water)	Persons per Acre	Families or Separate Occupiers at Census 1931	Persons per Family at Census 1931	*Population, Census 1931	Estimated Population 1949	Births		Deaths under 1 year		Net Deaths	Net Death Rate	Death Rate from Pulmonary Tuberculosis	Death Rate from ALL Tuberculous Diseases
							Number	Rate	Number	Rate per 1,000 Births				
URBAN DISTRICTS	85,005	4.3	75,767	3.9	300,828	369,980	6,521	17.6	222	34	3,928	10.6	0.39	0.44
RURAL DISTRICTS	438,838	0.35	33,907	3.9	135,714	153,180	2,577	16.8	74	29	1,608	10.5	0.26	0.30
WHOLE ADMINISTRATIVE COUNTY	523,843	0.97	109,674	3.9	436,542	523,160	9,098	17.4	296	32	5,536	10.6	0.35	0.40

*Adjusted figures which relate to the area of the County as constituted at the 30th September, 1935, and exclude the population enumerated in the area transferred to the City of Nottingham under the Nottingham Corporation Act, 1932, which came into effect on the 1st April, 1933.

TABLE IV. NOTTINGHAMSHIRE. Abstract of Vital Statistics.

Year	Estimated Population at the <i>middle</i> of the year	Excess of Births over Deaths	Persons per Acre	Separate Families	Persons per Family	Registered Births	Births per 1,000 of the population	Deaths under 1 year per 1,000 Births	Net Deaths	Net Death Rate per 1,000 of the Population
1901	275,971	4497	.53	59,755	4.6	8636	31.3	145	4139	14.9
1902	282,563	4804	.54	..	..	8920	31.5	138	4116	14.5
1903	289,001	4926	.55	..	..	9072	31.3	134	4146	14.3
1904	295,586	5086	.56	..	..	9379	31.7	139	4293	14.5
1905	302,321	4389	.57	..	..	8880	29.3	126	4491	14.8
1906	309,209	4849	.59	..	..	9088	29.3	121	4239	13.7
1907	316,355	4412	.60	..	..	8962	28.3	127	4550	14.3
1908	323,461	5358	.62	..	..	9818	30.3	119	4460	13.7
1909	330,831	5316	.63	..	..	9740	29.4	106	4424	13.3
1910	338,937	5223	.64	..	..	9554	28.2	110	4331	12.7
1911	345,930	4903	.66	76,236	4.5	9453	27.3	125	4550	13.1
1912	355,046	5007	.68	..	..	9213	25.9	93	4206	11.8
1913	362,307	4934	.69	..	..	9309	25.8	101	4435	12.2
1914	367,617	4845	.70	..	..	9541	25.9	107	4696	12.7
1915	353,193	3775	.67	..	..	8843	25.0	112	5068	14.3
1916	344,501	4126	.66	..	..	8567	22.8	95	4441	12.8
1917	344,822	3372	.66	..	..	7589	19.7	95	4217	12.2
1918	339,456	1725	.65	..	..	7742	20.3	100	6017	17.7
1919	366,331	2948	.70	..	..	7507	19.6	95	4559	12.4
1920	380,928	5667	.73	..	..	9836	25.8	85	4169	10.9
1921	381,969	4774	.73	85,646	4.4	9187	24.1	86	4413	11.5
1922	386,130	4177	.74	..	..	8316	21.5	69	4139	10.7
1923	388,019	3763	.74	..	..	8023	20.6	77	4260	11.0
1924	391,700	3715	.75	..	..	8085	20.6	79	4370	11.2
1925	393,400	3373	.75	..	..	7921	20.1	77	4548	11.6
1926	398,900	3310	.75	..	..	7739	19.4	73	4429	11.1
1927	408,100	2984	.78	..	..	7613	18.6	69	4629	11.3
1928	422,700	3549	.81	..	..	7941	18.8	64	4392	10.4
1929	429,300	2242	.82	..	..	7517	17.5	76	5095	11.8
1930	439,400	3261	.84	..	..	7746	17.6	62	4485	10.2
1931	447,900	2617	.86	*109,674	3.9	7695	17.2	72	5078	11.3
1932	451,600	2821	.86	..	..	7534	16.7	66	4713	10.4
1933	444,970	2036	.86	..	..	6945	15.5	68	4909	10.9
1934	448,500	2395	.87	..	..	7042	15.7	54	4647	10.4
1935	453,500	2382	.86	..	..	7083	15.6	56	4701	10.4
1936	459,000	2005	.88	..	..	7033	15.3	58	5028	10.9
1937	465,800	2218	.89	..	..	7318	15.7	59	5100	10.9
1938	470,900	2796	.90	..	..	7549	16.0	46	4753	10.1
1939	a478,200 b479,900	2511	.91	..	..	7847	16.4	51	5336	11.1
1940	483,240	1755	.92	..	..	7610	15.7	58	5875	12.2
1941	492,750	2501	.94	..	..	7954	16.1	62	5453	11.1
1942	481,200	3755	.92	..	..	8659	18.0	48	4904	10.2
1943	472,300	3946	.90	..	..	9255	20.2	47	5309	11.2
1944	474,960	5125	.91	..	..	10343	21.8	47	5218	11.0
1945	475,910	4068	.91	..	..	9096	19.1	44	5028	10.5
1946	495,620	4693	.95	..	..	10001	20.2	41	5308	10.7
1947	505,690	5114	.97	..	..	10673	21.2	41	5559	11.0
1948	518,300	4483	.99	..	..	9486	18.3	42	5003	9.6
1949	523,160	3562	.99	..	..	9088	17.4	32	5536	10.6
For Comparison—										
1949	England and Wales .. ..					..	16.7	32	..	11.7
	126 County Boroughs and					..	18.7	37	..	12.5
	Great Towns including London ..					..	18.0	30	..	11.6
	148 Smaller Towns .. ..					..	18.5	29	..	12.2
	LONDON (Administrative C'ty)					..	..	..	..	..

*Adjusted figures owing to alteration in area under the Nottingham Corporation Act, 1932, as from the 1st April, 1933.

a Population figures for calculation of Birth rates.

b Population figures for calculation of Death rates and incidence of notifiable diseases.

TABLE V. Causes of Death at Different Periods of Life in the Administrative County of Nottingham, 1949.

CAUSES OF DEATH	Sex	AGGREGATE OF URBAN DISTRICTS							AGGREGATE OF RURAL DISTRICTS							Total for Co'ty
		All Ages	0—	1—	5—	15—	45—	65—	All Ages	0—	1—	5—	15—	45—	65—	
ALL CAUSES ..	M	2043	129	28	20	181	538	1147	849	45	12	9	73	199	511	2892
	F	1885	93	21	15	161	403	1192	759	29	9	8	56	154	503	2644
Typhoid and Paratyphoid Fevers ..	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	F	1	..	..	..	1	..	..	..	..	..	..	..	..	..	1
Measles ..	M	2	1	..	1	..	..	..	..	..	..	..	..	..	..	2
	F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Scarlet Fever ..	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Whooping Cough ..	M	..	..	..	..	..	..	..	1	1	..	..	..	..	..	1
	F	1	..	1	..	..	..	..	..	..	..	..	..	..	..	1
Diphtheria ..	M	1	..	..	..	..	1	..	..	..	..	..	..	..	..	1
	F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Influenza ..	M	28	..	..	1	3	4	20	21	1	1	..	1	4	14	49
	F	35	..	..	..	2	7	26	16	1	..	..	1	3	11	51
Acute Infantile Encephalitis ..	M	1	..	..	..	..	..	1	1	..	..	1	..	..	..	2
	F	1	..	..	1	..	..	..	1	..	1	..	..	..	..	2
Cerebro-Spinal Fever ..	M	1	1	..	..	..	..	..	..	..	..	..	..	..	..	1
	F	1	..	1	..	..	..	..	1	..	..	..	..	1	..	2
Tuberculosis of Respiratory System ..	M	78	..	1	1	43	24	9	19	..	..	..	11	5	3	97
	F	68	..	..	1	56	9	2	21	..	1	1	16	2	1	89
Other Tuberculous Diseases ..	M	7	..	4	..	1	2	..	5	..	2	..	2	1	..	12
	F	12	..	3	1	6	2	..	2	..	1	..	1	..	..	14
Syphilis ..	M	12	..	..	..	1	5	6	4	..	..	..	1	2	1	16
	F	6	1	..	..	..	1	4	..	..	..	..	..	..	..	6
Ac. Poliomyelitis and Polioencephalitis ..	M	6	..	2	3	1	..	..	..	..	..	..	3	..	..	6
	F	3	1	1	..	1	..	..	3	..	..	..	3	..	..	6
Cancer, Malignant Disease ..	M	306	..	2	..	24	118	162	128	..	1	1	8	45	73	434
	F	296	..	..	..	23	107	166	127	..	1	1	7	50	68	423
Diabetes ..	M	10	..	..	..	..	2	8	2	..	..	..	..	..	2	12
	F	21	..	..	..	..	6	15	7	..	..	..	..	1	6	28
Heart Disease ..	M	573	..	..	..	13	137	423	241	..	..	1	4	47	189	814
	F	544	..	..	..	16	96	432	233	..	..	..	6	41	186	777
Intra-cranial Vascular Lesions ..	M	202	..	..	..	5	41	156	77	..	..	..	1	15	61	279
	F	259	..	..	1	5	50	203	117	..	..	..	4	18	95	376
Other Circulatory Diseases ..	M	88	..	..	..	1	22	65	40	..	..	..	1	5	34	128
	F	88	..	..	..	1	14	73	27	..	..	..	1	5	21	115
Bronchitis ..	M	163	3	1	..	7	59	93	61	1	1	..	1	20	38	224
	F	106	5	1	..	5	22	73	28	1	1	..	..	3	23	134
Pneumonia ..	M	80	25	6	1	4	19	25	22	6	1	..	1	9	14	102
	F	81	24	7	1	5	14	30	24	7	1	..	..	4	12	105
Other Respiratory Diseases ..	M	33	1	..	1	1	13	17	13	..	1	1	..	2	9	46
	F	29	..	..	1	6	9	13	6	..	..	..	..	2	4	35
Ulcer of Stomach or Duodenum ..	M	26	..	..	..	5	11	10	15	..	..	..	2	8	5	41
	F	4	..	..	..	..	3	1	1	..	..	..	..	1	..	5
Diarrhoea under two years ..	M	7	7	..	..	..	..	..	4	4	..	..	..	..	..	11
	F	5	5	..	..	..	..	..	2	2	..	..	..	..	..	7
Appendicitis ..	M	6	..	..	1	2	1	2	..	..	..	..	..	..	..	6
	F	7	..	..	..	3	4	..	2	..	..	..	..	..	2	9
Other Digestive Diseases ..	M	29	2	1	..	6	7	13	16	..	..	..	2	6	8	45
	F	45	..	..	..	8	11	26	18	..	1	..	2	5	10	63
Nephritis ..	M	42	..	..	..	11	12	19	23	..	..	..	6	6	11	55
	F	29	..	..	..	3	10	16	19	..	..	..	3	4	12	48
Puerperal Sepsis ..	F	1	..	..	..	1	..	..	..	..	..	..	..	..	..	1
Other Puerperal Causes ..	F	3	..	..	..	3	..	..	1	..	..	..	1	..	..	4
Premature Birth ..	M	40	40	..	..	..	..	..	10	10	..	..	..	..	..	50
	F	20	20	..	..	..	..	..	7	7	..	..	..	..	..	27
Congenital Debility, Malformations, etc. ..	M	45	38	1	..	3	2	1	21	18	1	..	2	..	..	66
	F	34	31	..	..	1	1	1	11	10	..	1	..	..	..	45
Suicide ..	M	21	..	..	..	5	12	4	12	..	..	..	6	4	2	33
	F	9	..	..	..	2	5	2	4	..	..	..	1	2	1	13
Road Traffic Accidents ..	M	25	..	1	7	9	5	3	21	..	2	..	9	7	3	46
	F	12	..	2	2	..	2	6	3	..	..	2	..	1	..	15
Other Violence ..	M	54	4	6	2	20	8	14	27	2	1	3	8	8	5	81
	F	32	3	1	2	2	5	19	13	..	..	2	..	2	9	45
All Other Causes ..	M	157	7	3	2	16	33	96	56	2	1	2	7	5	39	213
	F	132	3	4	5	11	25	84	65	1	2	1	10	9	42	197

TABLE VI. SANITARY INSPECTION OF THE AREA, 1949.

DISTRICT. (1)	No. of complaints received or registered. (2)	Total No. of inspections made. (3)	No. of nuisances and defects dealt with. (4)	No. of Notices served.		No. of Notices complied with.		No. of Re-inspec- tions or re-visits included in Column (3). (9)	REMARKS. (10)
				Informal. (5)	Statutory. (6)	Informal. (7)	Statutory. (8)		
Urban Districts—									
Mansfield B.	1,174	8,360	2,280	1,644	357	1,499	228	2,679	
Worksop B.	664	6,994	2,126	424	63	318	51	923	
Newark B.	430	5,008	438	100	—	103	—	287	
East Retford B.	100	1,559	360	215	17	157	21	510	
Arnold	579	4,436	769	433	183	408	110	959	
Beeston and Stapleford	1,508	8,150	2,795	1,143	46	917	79	2,760	
Carlton	1,151	5,688	1,913	647	128	702	162	1,742	
Eastwood	95	1,349	305	201	44	120	46	—	
Hucknall	699	7,604	1,156	543	227	353	158	4,502	
Kirkby-in-Ashfield	781	2,935	1,126	322	272	209	144	1,150	
Mansfield Woodhouse	308	336	1,404	362	97	322	85	1,476	
Sutton-in-Ashfield	1,079	2,880	1,059	517	261	678	301	1,237	
Warsop	52	3,174	133	133	17	117	18	351	
West Bridgford	398	3,789	848	285	9	257	10	1,388	
Rural Districts—									
Basford	450	8,223	282	514	21	584	8	—	
Bingham	234	4,941	404	379	53	316	79	1,413	
Worksop	50	1,783	50	50	—	44	—	371	
East Retford	122	3,246	405	218	6	181	6	613	
Newark	45	303	101	51	—	45	—	193	
Southwell	184	6,871	524	111	15	106	8	694	

TABLE VII.

HOUSING STATISTICS, 1949.

1. Inspection of Dwelling-houses during the year :—	Mansfield B.	Workshop B.	Newark B.	E. Retford B.	Arnold	Beeston and Stapleford	Carlton	Eastwood	Hucknall	Kirkby-in-Ashfield	Mansfield Woodhouse	Sutton-in-Ashfield	Warsop	West Bridgford	Basford	Bingham	Workshop R.D.	E. Retford R.D.	Newark R.D.	Southwell
	1241	480	430	304	1027	1634	897	139	260	554	435	515	295	627	2751	1851	182	1128	135	521
(1) (a) Total number of dwelling-houses inspected for housing defects (under P.H. or Housing Acts)	2614	501	702	363	2689	3172	2639	398	840	1703	824	1078	646	627	6049	2170	250	1358	151	1094
(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing (Consolidated) Regulations, 1925	—	—	—	4	—	22	—	—	—	57	25	—	—	—	—	1067	—	850	42	121
(b) Number of Inspections made for the purpose	—	—	—	9	—	24	—	—	—	101	39	—	—	—	—	1067	—	850	50	121
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	1	13	—	4	—	—	—	5	4	1	2	45	—	5	22	232	6†	180	—	—
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	1241	426	100	227	598	806	606	94	230	553	233	470	—	183	1618	695	63	581	38	126
2. Remedy of Defects during the year without Service of formal Notices :—	1131	312	103	193	408	610	568	84	87	209	299	373	117	228	992	394	63	31	65	106
Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	66	—	—	—	—	41	149	1	172	8	9	—	—	5	55	3	—	—	—	—
3. Action under Statutory Powers during the year :—	49	—	—	—	—	31	98	1	105	5	2	—	—	4	51	3	—	—	—	—
A.—Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936 :—	13	—	—	—	—	—	36	—	3	3	—	—	—	1	1	—	—	—	—	—
(1) Number of dwelling-houses in respect of which notices were served requiring repairs																				
(2) Number of dwelling-houses which were rendered fit after service of formal notices :																				
(a) By owners																				
(b) By Local Authority in default of owners																				

B.—Proceedings under Public Health Acts :—
 (1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied
 (2) Number of dwelling-houses in which defects were remedied after service of formal notices
 (a) By owners
 (b) By Local Authority in default of owners
 C.—Proceedings under Sections 11 and 13 of the Housing Act, 1936 :—
 (1) Number of dwelling-houses in respect of which Demolition Orders were made
 (2) Number of dwelling-houses demolished in pursuance of Demolition Orders
 D.—Proceedings under Section 12 of the Housing Act, 1936 :—
 (1) Number of separate tenements or underground rooms in respect of which Closing Orders were made
 (2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit
 4. Housing Act, 1936—Part IV.—Overcrowding :—
 (a) (i) Number of dwellings overcrowded at the end of the year
 (ii) Number of families dwelling therein
 (iii) Number of persons dwelling therein
 (b) Number of new cases of overcrowding reported during the year
 (c) (i) Number of cases of overcrowding relieved during the year
 (ii) Number of persons concerned in such cases
 (d) Particulars of any cases in which dwelling-houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding
 (e) Any other particulars with respect to overcrowding conditions upon which the Medical Officer of Health may consider it desirable to report
 5. Number of new houses erected during the year

194	21	—	36	183	5	128	1	3	106	60	261	17	5	32	62	—	4	—	14
51	6	—	44	23	7	82	1	3	124	50	200	18	9	19	64	—	4	—	12
9	13	—	—	87	—	56	—	—	—	10	101	—	—	5	15	—	—	—	—
1	7	—	3	—	1	—	2	—	1	2	46	—	2	6	2	2	—	—	—
—	—	—	15	—	1	—	2	—	1	2	25	—	—	1	—	—	1	—	—
—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
*	584	*	3	*	*	16	—	97	—	*	29	*	3	36	*	14	20	*	*
*	1207	*	7	*	*	31	—	176	—	*	57	*	3	40	*	21	20	*	*
*	3670	*	26	*	*	157	—	755	—	*	268	*	10	260	*	134	139	*	*
*	136	*	2	*	*	8	2	36	—	*	—	*	2	7	*	12	1	2	*
*	86	*	2	*	*	10	8	28	—	*	1	*	3	3	*	8	—	*	*
*	270	*	17	*	*	119	79	99	—	*	10	*	7	41	*	85	—	*	*
*	—	*	—	*	*	—	—	3	—	*	—	*	—	—	*	—	—	*	*
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
196	88	73	33	180	169	101	56	105	81	105	175	19	87	497	120	64	71	20	221

*No statistics available. †Excluding those found under Rural Housing Survey.

